

ASSESSMENT PROGRAM
DOCUMENTATION FOR DISABLED STUDENTS

School Year _____

Student _____ Age _____ DOB _____ Grade _____

Building _____ Program _____

INSTRUCTIONS

This record can be used to document the student's participation in the State assessment program for the school year recorded above.

A. This student is exempted from

_____ Achievement/Ability Testing _____ Assessment Testing

because of a disabling condition as specified in Rule 3301-13-03 of the Administrative Code.

B. This student will:

1. participate as follows:

a. take all:

- 1) _____ Achievement/Ability Assessments
- 2) _____ Assessments

b. take the following tests:

- 1) _____ Reading
- 2) _____ Mathematics
- 3) _____ Language Arts
- 4) _____ Citizenship
- 5) _____ Science
- 6) _____
- 7) _____

2. participate in the following manner:

- a. _____ without accommodation (in FORMAT)
- b. _____ with accommodation in FORMAT).

Specify: _____

- c. _____ without accommodation (in ADMINISTRATION)
- d. _____ with accommodation (in ADMINISTRATION).

Specify: _____

Signature Date Title

10/14/08