

South Carolina—Review of Accommodations

Student Name	
Student ID#	
Plan Providing Accommodations Below	<input type="checkbox"/> IEP <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> ILAP
Dates of Plan	Start Date: _____ End Date: _____
Test	<input type="checkbox"/> SC READY <input type="checkbox"/> EOCEP
Subject/Subtest	

Complete one form per test. Before testing, complete the top of the form and Column A. During or after testing, complete Column B. Completed forms should be kept in the student's Individualized Education Program (IEP) folder, Section 504 or English Learner (EL) folder to be accessible for future reference. While the list below includes all state-approved accommodations, some do not apply to certain students depending on their support eligibility. Testing accommodations should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

☐ Regular Administration ☐ Makeup Administration

School	
Grade	
Test Date	
Test Administrator	

Column A: Please Complete Prior to Testing	Column B: Please Complete During/After Testing	
Check the required accommodations documented in the student's IEP/504 Plan/ILAP Documentation	Was this accommodation <i>offered</i> to the student during testing?	Describe the details of <i>how</i> this accommodation was provided. Did the student use the accommodation? If yes, <i>how</i> did they use it? If the accommodation was not used, please explain
<input type="checkbox"/> Braille		
<input type="checkbox"/> Large-Print Version of Test		
<input type="checkbox"/> Oral/Signed Administration		
<input type="checkbox"/> Paper/Pencil Administration		
<input type="checkbox"/> Read Aloud to Self		
<input type="checkbox"/> Braille Test Responses		
<input type="checkbox"/> Dictation of Responses		
<input type="checkbox"/> Non-Verbal Indication of Selected Response		
<input type="checkbox"/> Respond in Test Booklet		
<input type="checkbox"/> Typing Responses (for paper testing only)		
<input type="checkbox"/> Writing Responses on Bold-Line or Other Special paper (for paper testing only)		
<input type="checkbox"/> Afternoon Administration		
<input type="checkbox"/> Multiple Testing Days		
<input type="checkbox"/> Multiple Testing Sessions per Day		
<input type="checkbox"/> Individual Administration		
<input type="checkbox"/> Preferential Seating		
<input type="checkbox"/> Small Group Testing		
<input type="checkbox"/> Adaptive or Special Furniture		
<input type="checkbox"/> Braillewriter, Braille Note-Taking Device, Typewriter, or Word Processor		
<input type="checkbox"/> Special Adaptive/Assistive Devices (e.g. Adaptive Keyboard, Screen Magnifiers, Not Including Speech-to-Text Software)		
<input type="checkbox"/> Television Monitor/Enlarged Screen		
<input type="checkbox"/> Extended Breaks		
<input type="checkbox"/> Special Circumstance Request (please explain and attach approval letter to document)		
<input type="checkbox"/> Bilingual Word-For-Word Dictionary		
<input type="checkbox"/> Reword Directions		
<input type="checkbox"/> Translate Directions		

Printed name of person completing Column A	Printed name of person completing Column B
Signature of Person completing Column A	Signature of Person completing Column B

South Carolina—Review of Accommodations for Alternate Assessments

Student Name	
Student ID#	
Check if the student is also identified as EL	<input type="checkbox"/> English Learner
Dates of Plan	Start Date:
	End Date:
Test	<input type="checkbox"/> SC ALT <input type="checkbox"/> Alternate ACCESS
Subject/Subtest	

Complete one form per test. Before testing, complete the top of the form and Column A. During or after testing, complete Column B. Completed forms should be kept in the student's Individualized Education Program (IEP) folder to be accessible for future reference. While the list below includes all state-approved accommodations, some do not apply to certain students depending on their support eligibility. Testing accommodations should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

☐ Regular Administration ☐ Makeup Administration

School	
Grade	
Test Date	
Test Administrator	

Column A: Please Complete Prior to Testing	Column B: Please Complete During/After Testing	
Check the required accommodations documented in the student's IEP/504 Plan/ILAP Documentation	Was this accommodation offered to the student during testing?	Describe the details of how this accommodation was provided. Did the student use the accommo-dation? If yes, how did they use it? If the accommodation was not used, please explain.
<input type="checkbox"/> Audio Amplification Devices		
<input type="checkbox"/> Braille		
<input type="checkbox"/> Large Print		
<input type="checkbox"/> Magnification Devices		
<input type="checkbox"/> Sign Language		
<input type="checkbox"/> Scribe		
<input type="checkbox"/> Braille Test Materials and Tactile Graphics		
<input type="checkbox"/> Enlargement of Test Through Smartboard or Promethean Board		
<input type="checkbox"/> Paper Test Booklet		
<input type="checkbox"/> Non-Verbal Indication of Answer Choice (Eye Gazing, Pointing, AAC Device)		
<input type="checkbox"/> No Response Provided (require SCDE approval)		
<input type="checkbox"/> AAC Device		
<input type="checkbox"/> Enlargement of Paper Response Options		
<input type="checkbox"/> Administer Over Several Days with One Session Per Day		
<input type="checkbox"/> Administer Over Several Days with Several Sessions Per Day		
<input type="checkbox"/> Administer in Location with Minimal Distractions		
<input type="checkbox"/> Administer Individually in a Separate Location		
<input type="checkbox"/> Provide Adaptive or Special Furniture, Special Acoustics, and/or Special Lighting (please specify)		
<input type="checkbox"/> Administer in Afternoon		
<input type="checkbox"/> Special Circumstance Request (please explain and attach approval letter to document)		
<input type="checkbox"/> Extended Testing of a Test Domain Over Multiple Days		
<input type="checkbox"/> Extended, Multiple Or Frequent Breaks (please specify)		
<input type="checkbox"/> Recording Device and Transcription		
<input type="checkbox"/> Test administered in a non-school setting		
<input type="checkbox"/> Word processor or similar keyboarding device		

Printed name of person completing Column A	Printed name of person completing Column B
Signature of Person completing Column A	Signature of Person completing Column B
Comments/Considerations for next IEP Team Meeting	

REVIEW OF ACCOMMODATIONS FORM - GUIDANCE DOCUMENT

Student Data and Test Day Information

The top portion of this form provides student data that reflects information relevant to the day of testing. The individual preparing this document should have access to all student IEP documents to ensure the information recorded is the most current and relevant IEP information. If a student is an English Language Learner, the case manager should consult with the EL teacher to assure any accommodations from an Individualized Language Acquisition Plan (ILAP) are also documented within this form.

This form should be completed for each individual assessment provided. The box for the corresponding assessment should be marked with the subject recorded in the box below. Although the student may have the same accommodations across multiple assessments, it is required for each assessment the student takes with accommodations to be recorded on its own form, as these accommodations are specific to the individual assessment. The individual completing the form will record the “Start Date” and “End Date” of the student’s most recent IEP. These dates should be current on the testing day and reflect the most recent IEP meeting in which the plan was adjusted.

Case Managers may be unable to complete the “Test Date” or “Test Administrator” information if preparing these forms well in advance of test day. These spaces should be completed by test day.

Column A

This column should be completed prior to the test day. The student’s case manager should check each accommodation that is documented within the student’s IEP. It is important that each tested subject has their own Review of Accommodations form, as the student may have different accommodations for each subject. Only accommodations that are explicitly listed on the student’s current IEP should be checked on this form. If the student receives an accommodation through a Special Circumstance Request, this request should be attached to the form.

The individual preparing the document will print their name and sign each form prior to providing the form to the School Testing Coordinator.

Column B

This column should be completed, by hand, on the day of the test. The test administrator should provide information within Column B for each accommodation that has been selected. If an accommodation is not checked, the space beside that corresponding accommodation within Column B should be left blank.

The test administrator should first document if the accommodation was provided within the first column. If the accommodation was provided, the test administrator should write “yes” within the column. If the accommodation was not provided to the student, the test administrator should write “no” within the column and provide a narrative as to why this accommodation was not provided. Marking “no” within this column could result in a testing violation and should be reported to the necessary staff members as soon as possible.

The second column within Column B gives a space to provide details on how the accommodation was provided and how the student used it. The specifics of these details will be used in future IEP meetings when teams discuss necessary accommodations on state assessments. For example, if a student was provided “Small Group Testing” as an accommodation, the individual completing Column B would record “yes” in the first column and “The student took their assessment in a separate setting with 4 other students.”

There may be circumstances where an accommodation is provided, however it is not utilized by the student. For example, if a student is provided “Multiple Testing Sessions per Day”, however the student finishes the test in a time span that does not require multiple testing sessions, it should be recorded that “yes” the accommodation was provided, and in the second column it would be noted “The student completed the assessment in 45 minutes and did not use any additional testing sessions.” This data will be valuable when coming together as an IEP team to determine future accommodations.

If a student has rejected an accommodation or did not utilize a provided accommodation, it should be documented within this space. For example, if a student is provided “Large-Print Version of Test” as an accommodation, however rejects the use of the accommodation on test day, the individual completing Column B would record “yes” in the first column and “The student rejected this accommodation. The student took this assessment on the online platform.”

The test administrator will print and sign their name in the boxes at the bottom of the page to attest to appropriately providing all accommodations on the specific state assessment.

Where Does This Form Go?

This form should be kept within the student’s IEP cumulative folder. This document may be uploaded into the state reporting system for IEP documentation, however a copy should be included within their folder in the case the student transfers to an area that would not have access to the online system.