

Student Name: _____

TSDS ID: _____

Grade: _____ Subject: _____ Form Number: _____

Assessment Year: _____ Translated Student Materials: R Yes R No

Accommodations

Mark the accommodations used during this test administration.

<input type="checkbox"/>	Color or Highlight Images	<input type="checkbox"/>	Describe Images
<input type="checkbox"/>	Color Overlays	<input type="checkbox"/>	Provide –images or 7ext 6eparately
<input type="checkbox"/>	Photographs or Objects Paired with Text	<input type="checkbox"/>	Cover or Isolate Images
<input type="checkbox"/>	Textured Materials	<input type="checkbox"/>	Picture Representations
<input type="checkbox"/>	Demonstrate Concepts	<input type="checkbox"/>	Calculator, 0anipulatives, 0ath 7ools
<input type="checkbox"/>	Raise or Darken Outline	<input type="checkbox"/>	Reread Text (3rior to “Find” 6statement)
<input type="checkbox"/>	Enlarge Images or Text	<input type="checkbox"/>	Provide Structured Reminders
<input type="checkbox"/>	Braille	<input type="checkbox"/>	

Scoring

Mark the student’s score for each question.

- | | | | |
|----|-----|-----|-----|
| 1 | (A) | (B) | (C) |
| 2 | (A) | (B) | (C) |
| 3 | (A) | (B) | (C) |
| 4 | (A) | (B) | (C) |
| 5 | (A) | (B) | (C) |
| 6 | (A) | (B) | (C) |
| 7 | (A) | (B) | (C) |
| 8 | (A) | (B) | (C) |
| 9 | (A) | (B) | (C) |
| 10 | (A) | (B) | (C) |
| 11 | (A) | (B) | (C) |
| 12 | (A) | (B) | (C) |
| 13 | (A) | (B) | (C) |
| 14 | (A) | (B) | (C) |

- | | | | |
|----|-----|-----|-----|
| 15 | (A) | (B) | (C) |
| 16 | (A) | (B) | (C) |
| 17 | (A) | (B) | (C) |
| 18 | (A) | (B) | (C) |
| 19 | (A) | (B) | (C) |
| 20 | (A) | (B) | (C) |
| 21 | (A) | (B) | (C) |
| 22 | (A) | (B) | (C) |
| 23 | (A) | (B) | (C) |
| 24 | (A) | (B) | (C) |
| 25 | (A) | (B) | (C) |
| 26 | (A) | (B) | (C) |
| 27 | (A) | (B) | (C) |
| 28 | (A) | (B) | (C) |