

# Woodridge Local School District

## 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: \_\_\_\_\_  
\_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
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