

Accommodations: WIDA Alternate Screener

Completed by: _____ **Date:** _____

Student: _____ **ID number:** _____

District/School: _____ **Grade:** _____

Team Members: _____

Accommodations:

1. Extended testing of a test domain over multiple days (EM). *Provide written request and evidence of need to state education agency.*

Listening	<input type="checkbox"/>	Speaking	<input type="checkbox"/>
Reading	<input type="checkbox"/>	Writing	<input type="checkbox"/>

2. Interpreter signs directions in ASL (SD). *Sign administration instructions, test directions, and practice items. Do not sign scored items.*

Listening	<input type="checkbox"/>	Speaking	<input type="checkbox"/>
Reading	<input type="checkbox"/>	Writing	<input type="checkbox"/>

3. Scribe (SR). *A trained adult records student responses during testing.*

Listening	<i>(not applicable)</i>	Speaking	<i>(not applicable)</i>
Reading	<i>(not applicable)</i>	Writing	<input type="checkbox"/>

4. Recording device and transcription (RD). *Clear device after transcription.*

Listening	<i>(not applicable)</i>	Speaking	<i>(not applicable)</i>
Reading	<i>(not applicable)</i>	Writing	<input type="checkbox"/>

5. Test administered in a non-school setting (NS). *Provide written request and evidence of need to state education agency.*

Listening	<input type="checkbox"/>	Speaking	<input type="checkbox"/>
Reading	<input type="checkbox"/>	Writing	<input type="checkbox"/>

6. Word processor or similar keyboarding device (WD). *Clear device after verbatim description.*

Listening	<input type="checkbox"/>	Speaking	<i>(not applicable)</i>
Reading	<input type="checkbox"/>	Writing	<input type="checkbox"/>