

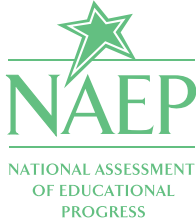
**This form must be completed in No. 2 pencil.**

Please complete both sides of this worksheet for each student.

## NAEP 2013 Students with Disabilities (SD) Worksheet

Sheet \_\_\_\_ of \_\_\_\_

NAEP Use Only



# NAEP 2013 Students with Disabilities (SD) Worksheet

**SCHOOL #:**

**School Name:**

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## LOOK AT COLUMN B.

**What accommodations does this student receive on your state (standardized) test for the NAEP subject listed in column B?**

Sheet \_\_\_\_ of \_\_\_\_

[illegible]

K	L	M	N	O										P	Q		
<div>NAEP 2013 Students with Disabilities (SD) Worksheet</div> <div>Student Name</div>	<div>NAEP Subject MMC = Mathematics/Mathematics with calculator block(s), R = Reading</div>	<div>Session # / Line #</div>	<div>NAEP Student Booklet ID # (Column O on Admin. Schedule)</div>	<div>Which of the following IDEA categories best describes this student's identified disability(ies)? (Fill in all ovals that apply)</div>										<div>What is the degree of this student's disability(ies)? 1 = Profound/Severe 2 = Moderate 3 = Mild</div>	<div>At what grade level does this student perform in the NAEP subject listed in column L? 1 = At or above grade level 2 = One year below grade level 3 = Two or more years below grade level 4 = Not receiving instruction in this subject 5 = Don't know</div>		
				<div>Specific learning disability</div>	<div>Hearing impairment/deafness</div>	<div>Visual impairment/blindness</div>	<div>Speech or language impairment</div>	<div>Intellectual disability</div>	<div>Emotional disturbance</div>	<div>Orthopedic impairment</div>	<div>Traumatic brain injury</div>	<div>Autism</div>	<div>Developmental delay (age 9 or younger)</div>			<div>Other health impairment <i>(Record the other health impairment in the space to the right)</i></div>	<div>Other health impairment (specify)</div>
				<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>			<div><input type="checkbox"/></div>	
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