This form must be completed in No. 2 pencil. Please complete both sides of this worksheet.

NAEP 2010
Students with Disabilities (SD) Worksheet

Student Name:

NAEP Student Booklet ID # (Column "O" on Admin. Schedule)

What accommodations does this student receive on your state test for the NAEP subject listed in column D?
Refer to the Worksheet Instructions for how to answer if the NAEP subject in column D is not tested on your state assessment. What NAEP allows is listed in parentheses. If no accommodations skip to column J.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>J</th>
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</thead>
<tbody>
<tr>
<td>Why is this student included in your state test of the NAEP subject listed in column D?</td>
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<tr>
<td>1 = Without accommodations</td>
<td>2 = With accommodations</td>
<td>3 = Using a modified state test</td>
<td>4 = Using an alternate state test</td>
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<td>1 = Extended time (allowed for all subjects)</td>
<td>2 = Small Group (allowed for all subjects)</td>
<td>3 = Test Items read aloud in English - Occasional (allowed for all subjects)</td>
<td>4 = Breaks during testing (allowed for all subjects)</td>
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<td>5 = Other (Specify)</td>
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Accommodations listed to the left are those most frequently used by SD students. For other accommodations that NAEP allows, refer to the Worksheet Instructions or check with your NAEP representative. Refer to your state guidelines to see which of these accommodations are allowed in your state.

School Name:

NAEP Student Booklet ID # (Column "O" on Admin. Schedule)

Other (Specify)

A = Assess without accommodations
B = Assess with only NAEP allowed accommodations
C = Do not assess

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### NAEP 2010

**Students with Disabilities (SD) Worksheet**

**Student Name**

<table>
<thead>
<tr>
<th>NAEP Student Booklet ID #</th>
<th>Specific learning disability</th>
<th>Hearing impairment/disorder</th>
<th>Visual impairment/disorder</th>
<th>Speech or language impairment</th>
<th>Mental retardation</th>
<th>Emotional disturbance</th>
<th>Orthopedic impairment</th>
<th>Traumatic brain injury</th>
<th>Autism</th>
<th>Developmental delay (age 9 or younger)</th>
<th>Other health impairment</th>
<th>Other (Specify)</th>
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**Session # / Line #**

**Column "O" on Admin. Schedule**

- **K**
- **L**
- **M**
- **N**
- **O**
- **P**
- **Q**

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- **1.** 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

- **2.** What is the degree of this student's disability(ies)?
  - 1 = Profound/Severe
  - 2 = Moderate
  - 3 = Mild

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- **3.** Which of the following IDEA categories describes this student's identified disability(ies)?
  - (Fill in all ovals that apply)

- **4.** What is the degree of this student's identified disability(ies)?
  - 1 = Profound/Severe
  - 2 = Moderate
  - 3 = Mild

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**IDEA Categories**

- Visual impairment/blindness
- Hearing impairment/deafness
- Specific learning disability
- Traumatic brain injury
- Autism
- Developmental delay (age 9 or younger)
- Other health impairment
- Other (Specify)

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