

## Teacher Survey

Student Name: \_\_\_\_\_ Return To: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Subject/Class: \_\_\_\_\_

**To the teacher:** The student named above has requested testing accommodations for College Board tests. Your detailed input regarding his/her needs on classroom tests is valuable in our decision making process.

1. How long has the student been in your class? \_\_\_\_\_
2. **OBSERVATION:** Briefly describe your observations of the student's disability and its impact during your class. Where possible, provide specific examples. Include the frequency and severity of symptoms displayed during class.

3. **ACCOMMODATIONS USED:** What specific accommodations are used by the student during classroom testing? Please indicate which of these accommodations are used on a consistent basis.

4. **EXTENDED TIME USED:** If the student is provided extended time for classroom tests, how much additional time does he/she generally use (e.g., 50%) to complete each of the following question types? (Note: Indicate time actually used, not the time approved.)

- a. Multiple-choice test items: \_\_\_\_\_
- b. Other question types, such as short-answer questions, essays, and math problems (Indicate the amount of additional time used for each applicable type):

- c. How does the student generally use the extended time (e.g., to complete test questions, to review completed test questions, to take breaks, etc.)?

5. **IMPACT:** Describe the impact of the provided accommodations on the student's performance. Does the student use the accommodations effectively? How does it change his/her performance on tests? What happens if accommodations are not provided?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_