



Testing Supports Form

ASSESSMENT: _____ **STUDENT:** _____

SCHOOL: _____ **SSID:** _____ **GRADE:** _____ **YEAR:** _____

The *ACAP Testing Supports Form* is used to identify those supports necessary for students to meaningfully participate on state assessments. Selected supports must mirror instructional supports provided regularly in the classroom, during instruction and on classroom tests. It is important that students who receive these supports have prior practice in the classroom. When completed by the educational team, this form becomes part of the student’s plan.

Accessibility Supports – available to **ALL** students regardless of an IEP, Section 504 Plan, or I-ELP.

- Accessibility Supports **are required** for the student to participate.
- Accessibility Supports **are not required** for the student to participate.

Accommodations – available only to students with an IEP, Section 504 Plan, or I-ELP.

- Accommodations **are required** for the student to participate.
- Accommodations **are not required** for the student to participate.

English learner (EL) Students – EL students in their first twelve months of enrollment in a U.S. school **are not required** to participate in the English Language Arts subtest of the *ACAP Summative*.

- EL student **will not participate** in the English Language Arts subtest because the student is an EL in his/her first twelve months of enrollment in a U.S. school. **This flexibility is not extended to EL students in their first twelve months of enrollment in a U.S. school for *ACT with Writing, PreACT, or ACT WorkKeys.***

Justification for participation on the *ACAP Alternate*: The IEP Team determined the student meets the criteria for a student with the most significant cognitive disability, and due to the nature of the student’s disability, the IEP Team has determined the *ACAP Alternate* is the appropriate assessment to measure the student’s academic achievement.

Date of Determination: _____ **Date of Implementation:** _____

Enter the accessibility support(s) and/or accommodation(s) selected and the subject(s) in the spaces provided below.

Accessibility Support(s)	Accommodation(s) IEP/Section 504 Plan/I-ELP	Subject(s) <small>Refer to the <i>Alabama Comprehensive Assessment Program Participation Chart</i> located in the ASAP Manual for subjects tested</small>

If the school is chosen to participate in piloting an assessment or the *National Assessment of Educational Progress*, students with disabilities are expected to participate. Participation is not required of students participating on the *ACAP Alternate*. Students needing special formats will participate in pilots only if special formats are available.

Printed Name of Person Completing Form

Signature of Person Completing Form

Date