

DO NOT RETURN THIS SCORE SHEET TO PEARSON FOR PROCESSING.

All scores must be submitted through Pearson's online system by 11:59 pm on March 16th, 2012.

2012 IAA STUDENT SCORE SHEET

SECTION A: STUDENT INFORMATION

Name (*Last, First, M.I.*) : _____

Grade Level: 3 4 5 6 7 8 11

ACCOMMODATIONS ON IEP- Teacher Instructions:

Prior to administering the test, please indicate which accommodations are specified in the student's IEP. Select all that apply. Please see the *2012 IAA Implementation Manual* for full descriptions.

Accommodations listed in the student's IEP:	READING	MATH	SCIENCE
Environment...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to stand, move, and/or pace...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile stimulus...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual assistance...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signing test items...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive, adaptive, augmentative technology devices...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator	N/A	<input type="checkbox"/>	N/A
Read Aloud...	<input type="checkbox"/>	N/A	N/A
Other...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: STUDENT ASSESSMENT INFORMATION

TEACHER FAMILIARITY WITH STUDENT PERFORMANCE- Teacher Instructions:

Please indicate familiarity with student performance. This applies to the person administering the test.

Very Familiar <input type="checkbox"/>	Familiar <input type="checkbox"/>	Somewhat Familiar <input type="checkbox"/>	Not At All <input type="checkbox"/>
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COMPARISON TO TYPICAL PERFORMANCE- Teacher Instructions:

How did the student perform on this test, compared to his/her typical classroom performance on similar tasks? (Please answer to the best of your ability.)

	READING	MATHEMATICS	SCIENCE
Much better than average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better than average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worse than average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Much worse than average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Name (*Last, First, M.I.*) : _____

Teacher Phone Number: _____

Continue →

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SECTION B: STUDENT ASSESSMENT INFORMATION (CONTINUED)

Test Form Number: 1 2 3 4 5 6 7

RECORDING SCORES- Teacher Instructions:

Put the score that the student received in the box next to the corresponding task number.

READING	
Task 1	
Task 2	
Task 3	
Task 4	
Task 5	
Task 6	
Task 7	
Task 8	
Task 9	
Task 10	
Task 11	
Task 12	
Task 13	
Task 14	
Task 15	
*Tasks 16-18 apply to Grades 3-8 ONLY	
Task 16*	
Task 17*	
Task 18*	

MATHEMATICS	
Task 1	
Task 2	
Task 3	
Task 4	
Task 5	
Task 6	
Task 7	
Task 8	
Task 9	
Task 10	
Task 11	
Task 12	
Task 13	
Task 14	
Task 15	
Task 16	
Task 17	
Task 18	
Task 19	

SCIENCE	
Task 1	
Task 2	
Task 3	
Task 4	
Task 5	
Task 6	
Task 7	
Task 8	
Task 9	
Task 10	
Task 11	
Task 12	
Task 13	
Task 14	
Task 15	
Task 16	
Task 17	
Task 18	
Task 19	
*Task 20 applies to Grade 7 ONLY	
Task 20*	

ACCOMMODATIONS USED DURING TESTING- Teacher Instructions:

For each subject tested, please indicate which accommodations were used to administer the test to the student. Select all that apply. Please see the 2012 IAA Implementation Manual for full descriptions.

Accommodations listed in the student’s IEP:	READING	MATH	SCIENCE
Environment...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to stand, move, and/or pace...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile stimulus...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual assistance...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signing test items...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive, adaptive, augmentative technology devices...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator	N/A	<input type="checkbox"/>	N/A
Read Aloud...	<input type="checkbox"/>	N/A	N/A
Other...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>