

# Iowa Assessments Accommodations and Modifications Recording Form

## Cumulative Record Form

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Date of testing \_\_\_\_\_ Test Level \_\_\_\_\_ Proctor \_\_\_\_\_

Area of Disability/Diagnosis \_\_\_\_\_

- Modification Codes:
- A. Read Aloud
  - B. Tested Off Level
  - C. Repeated Directions
  - D. Assistance with the Answer Document
  - E. Extended Time
  - F. Separate Location
  - G. Test Administered by ELL individual Providing Language Services
  - H. Provision of English/Native Language Word-to-Word Dictionary
  - I. Other \_\_\_\_\_

These modifications must **first** be approved by the Office of Education.

Please record the modification code(s) for each subtest below. This form must be attached to the student's Iowa Assessments Score Report and place in the cumulative folder for documentation.

Name of Subtest	Modification Code(s)
Reading	
Written Expression	
Mathematics	
Science	
Social Studies	
Vocabulary	
Spelling	
Capitalization	
Punctuation	
Computation	
Word Analysis	
Listening	



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