
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 their 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 do they 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 their performance on tests? What happens if accommodations are not provided?

Signature: _____ Date: _____

Contact College Board at 212-713-8333 with questions.