

Test Day SOL Accommodations

STUDENT NAME: _____

TESTING LOCATION: _____

ACCOMMODATION (Highlight items applicable for this student's use)	
Test Format (highlight one if applicable): <ul style="list-style-type: none">• Audio test• Read Aloud	Group Size (highlight one if applicable): <ul style="list-style-type: none">• Small• One to One
Flexible Schedule <ul style="list-style-type: none">• Allow student breaks every 20 minutes	Specific Verbal Prompts (highlight all applicable): <ul style="list-style-type: none">• "Please continue with your test."• "Keep working."• "Keep going."• "Focus"• "Stay focused"
Dictionary <ul style="list-style-type: none">• Bilingual• English• Other _____	Select One If Applicable.: <ul style="list-style-type: none">• Visual and/or Hearing Aids• Health Monitoring Device
Graphic Organizers (attached)	Math Aids (highlight all applicable): <ul style="list-style-type: none">• CALCULATOR• Number line• Coordinate Plane• Multiplication Chart• 100s Chart• Fraction Grid
Other?	Other?