

2010–11 NYSAA Student Page

Student Information	
Last Name:	First Name:
Date of Birth:	
Student ID# (assigned by school district):	
District of Residence:	
Name of School Student Attends:	
Attending School City/State:	
Student most often receives instruction in the following setting (check one below): <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Hospital or <input type="checkbox"/> Other (specify): _____	

NYSAA Datafolio Submitted for the Following Grade: (check only one box based on the student's birth date)			
	Birth Date Range	NYSAA Level	Content Areas Assessed
<input type="checkbox"/>	September 1, 2001—August 31, 2002	Grade 3	ELA, Mathematics
<input type="checkbox"/>	September 1, 2000—August 31, 2001	Grade 4	ELA, Mathematics, Science
<input type="checkbox"/>	September 1, 1999—August 31, 2000	Grade 5	ELA, Mathematics
<input type="checkbox"/>	September 1, 1998—August 31, 1999	Grade 6	ELA, Mathematics
<input type="checkbox"/>	September 1, 1997—August 31, 1998	Grade 7	ELA, Mathematics
<input type="checkbox"/>	September 1, 1996—August 31, 1997	Grade 8	ELA, Mathematics, Science
<input type="checkbox"/>	September 1, 1992—August 31, 1993	Secondary	ELA, Mathematics, Science, Social Studies

Administration Period for 2010–11 NYSAA: October 4, 2010–February 11, 2011

Supports Required per IEP (check all that apply):		
	Type of Support	Details
<input type="checkbox"/>	Assistive technology	
<input type="checkbox"/>	Communication system	

Testing Accommodations Required per IEP (check all that apply):		
Testing Accommodations		ELL Testing Accommodations
<input type="checkbox"/> Flexibility in scheduling/timing	<input type="checkbox"/> Large type	<input type="checkbox"/> Time extension
<input type="checkbox"/> Flexibility in setting	<input type="checkbox"/> Tests read	<input type="checkbox"/> Separate location
<input type="checkbox"/> Method of presentation (exclude Braille/large type and test read)	<input type="checkbox"/> Use of calculator, abacus, or arithmetic tables	<input type="checkbox"/> Bilingual dictionary/glossary
<input type="checkbox"/> Method of response	<input type="checkbox"/> Use of spell-check/grammar-check devices	<input type="checkbox"/> Oral translation
<input type="checkbox"/> Other (exclude use of calculator, abacus, and arithmetic tables, use of spell-check/grammar-check devices, and waiving of spelling, paragraphing and punctuation)		<input type="checkbox"/> Responses written in native language
<input type="checkbox"/> Braille	<input type="checkbox"/> Waiving of spelling, paragraphing, or punctuation	<input type="checkbox"/> Translated edition (selected tests)

Month in which the last Collegial Review of this datafolio was conducted: _____