

**2011–2012 Arkansas Alternate Portfolio Assessment**  
**Student Profile**  
**Students with Disabilities: Grade 9 Mathematics**

PLEASE PRINT

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Portfolio Beginning/End Dates: \_\_\_\_\_

Age: \_\_\_\_\_

**Please check ALL that apply.**

<b>Diagnosis (no abbreviations):</b>		
<p style="text-align: center;"><b><u>Type of class</u></b></p> <input type="checkbox"/> Self-contained <input type="checkbox"/> Resource <input type="checkbox"/> Other: _____	<p style="text-align: center;"><b><u>Cognitive Skills</u></b></p> <input type="checkbox"/> Needs organizers, schedules, visuals, and manipulatives <input type="checkbox"/> Needs assistance to focus	<p style="text-align: center;"><b><u>Special Factors</u></b></p> <input type="checkbox"/> Uses magnifiers for sight <input type="checkbox"/> Uses hearing devices <input type="checkbox"/> Needs behavioral supports
<p style="text-align: center;"><b><u>Communication</u></b></p> <p><b>What is the student's means of communication?</b></p> <input type="checkbox"/> Nonverbal <input type="checkbox"/> Point <input type="checkbox"/> Speech <input type="checkbox"/> Sign Language <input type="checkbox"/> Eye Gaze <input type="checkbox"/> Vocalization <input type="checkbox"/> Blinking, or body movement <input type="checkbox"/> Other: _____ <p><b>Low-tech Communication System</b></p> <input type="checkbox"/> Communication Cards (PECS) <input type="checkbox"/> Pictures, symbols, or manipulatives <p><b>Assistive Technology</b></p> <input type="checkbox"/> Electronic <input type="checkbox"/> Electronic high-tech <input type="checkbox"/> Low-tech <input type="checkbox"/> Physical <input type="checkbox"/> Other: _____	<p style="text-align: center;"><b><u>Fine Motor Skills</u></b></p> <input type="checkbox"/> Limited ability to use upper extremities (switch access or eye gaze only) <input type="checkbox"/> Moderate use of upper extremities (unable to use a pencil/pen but can use a keyboard) <input type="checkbox"/> No use of extremities	<p style="text-align: center;"><b><u>Mobility</u></b></p> <input type="checkbox"/> Uses a manual wheelchair with assistance <input type="checkbox"/> Uses a manual wheelchair without assistance <input type="checkbox"/> Uses an electric wheelchair <input type="checkbox"/> Walks with adaptive equipment <input type="checkbox"/> Totally immobile
<b><u>Supportive Services</u></b>		
<p style="text-align: center;"><b><u>Type of Prompting</u></b></p> <input type="checkbox"/> Uses above systems to make choices <input type="checkbox"/> Needs verbal cues to make choices <input type="checkbox"/> Requires hand-over-hand assistance <input type="checkbox"/> Requires verbal prompting <input type="checkbox"/> Requires physical prompting	<p style="text-align: center;"><b><u>Strengths in Literacy</u></b></p> <p>Reading grade level: _____</p> <input type="checkbox"/> Needs text-on-tape or computer <input type="checkbox"/> Uses alternate methods for writing (e.g., word processor, scribe) <input type="checkbox"/> Recognizes basic picture symbols <input type="checkbox"/> Recognizes/identifies letters <input type="checkbox"/> Reads and comprehends basic words	<p style="text-align: center;"><b><u>Strengths in Math</u></b></p> <p>Math grade level: _____</p> <input type="checkbox"/> Recognizes only numbers 0–10 <input type="checkbox"/> Recognizes only basic shapes <input type="checkbox"/> Computes addition/subtraction <input type="checkbox"/> with calculator <input type="checkbox"/> without calculator <input type="checkbox"/> Computes multiplication/division <input type="checkbox"/> with calculator <input type="checkbox"/> without calculator
<p>Unique characteristics of student (not included in above choices) that would help to understand challenges:</p>		