ACTAAP
Arkansas Comprehensive Testing, Assessment, and Accountability Program

# Grade 11 Literacy Examination
# AFFIDAVIT WAIVER FORM
# for Providing an Approved Accommodation
# March 2014

I provided an approved testing accommodation for:

| Student's Name | Answer Document Number* | Test booklet form** | By: reading/ transcribing/ recording | Session(s) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**I confirm that I did NOT read aloud any reading passage or associated items to this student. Reading aloud any reading passages or items is NOT an approved testing accommodation. I agree not to copy, use in my classroom, or discuss any of the test questions I have read.**

Date

Signature of Currently Licensed Arkansas Teacher Providing Accommodation

District Name and School Name

* Answer document number is found on the front cover in the lower right corner inside the shaded bar.

** Enter the letter from the upper right corner of the test booklet.

Keep one (1) copy for file and paper band one (1) copy together with all Affidavit Waiver Forms for the district behind the Affidavits.

QAI12896