

2013–2014 Arkansas Alternate Portfolio Assessment
Entry Slip (submit one with each entry)
Students with Disabilities: Grades 3–8 and 11
Entry Slip MUST be completed correctly for the entry to be scoreable!

Student Name: _____

Grade: _____ Entry Slip Completed by: _____

Literacy Strands (check only one)

Oral and Visual Communication:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>	#3 <input type="checkbox"/>
Writing:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>	#3 <input type="checkbox"/>
Reading:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>	#3 <input type="checkbox"/>

Mathematics Strands (check only one)

Number and Operations:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>
Algebra:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>
Geometry:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>
Measurement:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>
Data Analysis and Probability:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>

Science Strands – Grades 5 and 7 ONLY (check only one)

Life:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>
Physical:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>
Earth and Space:	Entry #1 <input type="checkbox"/>	#2 <input type="checkbox"/>

Identify the Content Standard and Student Learning Expectation addressed by this entry:

Content Standard #:

Description:

Student Learning Expectation #:

Description:

Level of Assistance (check all that apply). What is the level of assistance required beyond instructions and natural cues?

	Continuous	Frequent	Occasional	Never
Verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Reset Form](#)

BE SURE TO COMPLETE ONE TASK SHEET FOR EVERY ENTRY SLIP.



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TASK SHEET
Students with Disabilities: Grades 3–8 and 11

Student Name: _____

Evidence: #1 **Date:** _____ **Type of Evidence:** _____
Additional Evidence: _____

Brief description of the task related to the SLE:

Setting: _____

Evidence: #2 **Date:** _____ **Type of Evidence:** _____
Additional Evidence: _____

Brief description of the task related to the SLE:

Setting: _____

Evidence: #3 **Date:** _____ **Type of Evidence:** _____
Additional Evidence: _____

Brief description of the task related to the SLE:

Setting: _____

