ACTAAP
Arkansas Comprehensive Testing, Assessment, and Accountability Program

Spring Biology
End-of-Course Examination
AFFIDAVIT WAIVER FORM
for Providing an Approved Accommodation
Spring 2015

I provided an approved testing accommodation for:

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

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.

QAI14140