

I provided an approved testing accommodation for:

Student's Name	Answer Document or Consumable Test Booklet Number	By: reading/ transcribing/ recording	Session(s)	Grade

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 my classroom, or discuss any of the test questions I have read. I understand that no LPAC accommodations may be provided during the administration of the ELDA.

Date Signature of Currently Licensed Arkansas Teacher Providing Accommodation

District Name and School Name

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

