ACTAAP
Arkansas Comprehensive Testing, Assessment, and Accountability Program

Mid-Year Biology End-of-Course Examination AFFIDAVIT WAIVER FORM for Providing an Approved Accommodation January 2015

I provided an approved testing accommodation for:

Student's Name	Answer Document Number*	By: reading/ transcribing/ recording	Session(s)	Content Area

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.

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

QAI14073