

2016–2017 Arkansas Alternate Portfolio Assessment
Student Profile
Students with Disabilities: Grades 5, 7, and 10 Science
PLEASE PRINT

Student Name: _____

School: _____ District: _____

Portfolio Beginning/End Dates: _____

Age: _____ Grade (check one): 5 7 10

Please check ALL that apply.

Diagnosis (no abbreviations): 		
<p style="text-align: center;"><u>Type of class</u></p> <input type="checkbox"/> Self-contained <input type="checkbox"/> Resource <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>Cognitive Skills</u></p> <input type="checkbox"/> Needs organizers, schedules, visuals, and manipulatives <input type="checkbox"/> Needs assistance to focus	<p style="text-align: center;"><u>Special Factors</u></p> <input type="checkbox"/> Uses magnifiers for sight <input type="checkbox"/> Uses hearing devices <input type="checkbox"/> Needs behavioral supports
<p style="text-align: center;"><u>Communication</u></p> <p>What is the student's means of communication?</p> <input type="checkbox"/> Nonverbal <input type="checkbox"/> Point <input type="checkbox"/> Speech <input type="checkbox"/> Sign Language <input type="checkbox"/> Eye Gaze <input type="checkbox"/> Vocalization <input type="checkbox"/> Blinking, or body movement <input type="checkbox"/> Other: _____	<p style="text-align: center;"><u>Fine Motor Skills</u></p> <input type="checkbox"/> Limited ability to use upper extremities (switch access or eye gaze only) <input type="checkbox"/> Moderate use of upper extremities (unable to use a pencil/pen but can use a keyboard) <input type="checkbox"/> No use of extremities	<p style="text-align: center;"><u>Mobility</u></p> <input type="checkbox"/> Uses a manual wheelchair with assistance <input type="checkbox"/> Uses a manual wheelchair without assistance <input type="checkbox"/> Uses an electric wheelchair <input type="checkbox"/> Walks with adaptive equipment <input type="checkbox"/> Totally immobile
<p>Low-tech Communication System</p> <input type="checkbox"/> Communication Cards (PECS) <input type="checkbox"/> Pictures, symbols, or manipulatives	<p style="text-align: center;"><u>Supportive Services</u></p> <input type="checkbox"/> One-to-one aide <input type="checkbox"/> Speech therapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Sign language interpreter <input type="checkbox"/> Vision support <input type="checkbox"/> Physical therapy <input type="checkbox"/> ESL services <input type="checkbox"/> Other: _____	
<p style="text-align: center;"><u>Type of Prompting</u></p> <input type="checkbox"/> Uses above systems to make choices <input type="checkbox"/> Needs verbal cues to make choices <input type="checkbox"/> Requires hand-over-hand assistance <input type="checkbox"/> Requires verbal prompting <input type="checkbox"/> Requires physical prompting	<p style="text-align: center;"><u>Strengths in Literacy</u></p> <p>Reading grade level: _____</p> <input type="checkbox"/> Needs text-on-tape or computer <input type="checkbox"/> Uses alternate methods for writing (e.g., word processor, scribe) <input type="checkbox"/> Recognizes basic picture symbols <input type="checkbox"/> Recognizes/identifies letters <input type="checkbox"/> Reads and comprehends basic words	<p style="text-align: center;"><u>Strengths in Math</u></p> <p>Math grade level: _____</p> <input type="checkbox"/> Recognizes only numbers 0–10 <input type="checkbox"/> Recognizes only basic shapes <input type="checkbox"/> Computes addition/subtraction <input type="checkbox"/> with calculator <input type="checkbox"/> without calculator <input type="checkbox"/> Computes multiplication/division <input type="checkbox"/> with calculator <input type="checkbox"/> without calculator
<p>Unique characteristics of student (not included in above choices) that would help to understand challenges:</p> 		

