

The College Board  
Services for Students with Disabilities  
Teacher Survey Form



Student's Name \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject/ Class: \_\_\_\_\_

**To the teacher:** The above student has requested testing accommodations for College Board tests. Your detailed input regarding his/her needs on classroom tests is valuable in our decision-making process. Please return the form to \_\_\_\_\_, who will forward it to the College Board.

1. How long has the student been in your class?
  
2. **OBSERVATION:** Please briefly describe **your** observations of the student's disability and its impact during **your** class. Where possible provide some specific examples. Please include the frequency and severity of symptoms during class.
  
3. **ACCOMMODATIONS:** What specific accommodations are used by the student during classroom testing? Please indicate which of these accommodations are used on a consistent basis.
  
4. **EXTENDED TIME:** If the student is provided extended time for classroom tests, how much additional time does he/she generally **use** (e.g., 50%) to complete the each of the following question types:
  - a. \_\_\_\_\_ Multiple-choice test items
  - b. \_\_\_\_\_ Other question types (e.g., short answer, essay, or math problems)?  
(Please indicate the amount of time used for each applicable question type).
  
5. **IMPACT:** Please describe the impact of the accommodations provided on the student's performance. Does the student use the accommodations effectively? How does it change his/ her performance on tests? What happens if accommodations are not provided?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions/information, please contact the College Board at (609) 771-7137.**