DLM Assessment Observation

* Indicates required question

1.	LEA Name *
2.	School Name *
3.	Observation Date *
4.	Assessment Administration Location *
	Mark only one oval. General Education
	Special Education Class

5. DLM assessment observed

Check all that apply.

6.

) Partly

Did the student take the test independently? * Mark only one oval. Yes No						

Other:

7.	Was the student answering the test questions on the computer or was the student interacting with manipulatives and the teacher was entering answers into the computer during testing?	*
	Mark only one oval.	
	Computer	
	Student interacting with manipulatives and the teacher was entering answers into the computer	
	Both	
	Other:	
8.	What accommodations/supports are outlined in the students IEP? *	
9.	What accommodations or supports did you observe the student using during the test administration?	*

10.	Did the student use the accommodations or supports independently during the test?	*
	Mark only one oval.	
	yes	
	No	
	Other:	
11.	If marked no, what assistance did the student receive from the test administrator, that was observed?	
		_
		_
		_
12.	Where there other students in the room when the student was testing? *	
	Mark only one oval.	
	Yes	
	No	
13.	Did the Test Administrator (TA) access the TIPs pages? *	
	Mark only one oval.	
	Yes	
	No	
	Other:	

14.	What went well during testing?
15.	What was challenging during testing?
16.	Additional Comments

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