

TR



You must fill in the 'DATE OF TESTING' boxes and write the student's full first and last name with student ID in the box below before beginning to test.

Place Bar Code Label WITHIN This Box

In Pencil: Write student's full first and last name along with district ID number.

[illegible]

IF FOUND, PLEASE RETURN TO:

**WIDA
1025 West Johnson Street
MD #23
Madison, WI 53706-1706 (866)
276-7735**

The Alternate ACCESS for ELLs was initially developed by a team led by Craig A. Albers, Ph.D., at the University of Wisconsin-Madison in collaboration with the District of Columbia Office of the State Superintendent of Education (OSSE) on behalf of the WIDA Consortium. Funds for this assessment development were made available through a 2007 U.S. Department of Education Enhanced Assessment Grant award to OSSE and the WIDA Consortium.

Additional Student Information

Please fill out the information below for this student. Indicate the student's primary disability category as indicated in the student's Individualized Education Program (IEP). If appropriate, indicate secondary disability category.

Does (or will) the student participate in any state alternate assessment(s)?	Yes <input type="radio"/>	No <input type="radio"/>
Number of years student has been exposed to academic English:		

0	0
1	1
2	2
	3
	4
	5
	6
	7
	8
	9

STUDENT INFORMATION	Disabilities	Primary Disability (Choose 1)	Secondary Disability (Choose 1 if applicable)
	Autism (AUT)	<input type="radio"/>	<input type="radio"/>
	Cognitive Disability (CD)	<input type="radio"/>	<input type="radio"/>
	Deaf/Blind (D/B)	<input type="radio"/>	<input type="radio"/>
	Emotional Behavioral Disability (EBD)	<input type="radio"/>	<input type="radio"/>
	Deaf/Hard of Hearing (D/HH)	<input type="radio"/>	<input type="radio"/>
	Other Health Impairment (OHI)	<input type="radio"/>	<input type="radio"/>
	Orthopedic Impairment (OI)	<input type="radio"/>	<input type="radio"/>
	Significant Developmental Delay (SDD)	<input type="radio"/>	<input type="radio"/>
	Specific Learning Disability (SLD)	<input type="radio"/>	<input type="radio"/>
	Speech and Language Disability (S/L)	<input type="radio"/>	<input type="radio"/>
	Traumatic Brain Injury (TBI)	<input type="radio"/>	<input type="radio"/>
	Blind/Visually Impaired (B/VI)	<input type="radio"/>	<input type="radio"/>

You must fill out this page before testing the student.

TEST ADMINISTRATION INFORMATION

Test Environment (Mark all that apply.)

Familiar environment to student (e.g., familiar classroom, office, home)	<input type="radio"/>
Quiet environment	<input type="radio"/>
Minimal distractions	<input type="radio"/>
One-to-one interaction with test administrator	<input type="radio"/>

In what areas of the test were accommodations used? (Mark all that apply.)

Test directions	<input type="radio"/>
Presentation format	<input type="radio"/>
Response format	<input type="radio"/>
Setting format/environment	<input type="radio"/>
Timing/scheduling	<input type="radio"/>
Other: Please specify <input type="text"/>	<input type="radio"/>

Test Administrator Title (Mark all that apply.)

Special education teacher	<input type="radio"/>
ESL/bilingual teacher	<input type="radio"/>
General education teacher	<input type="radio"/>
Speech/language pathologist	<input type="radio"/>
School psychologist	<input type="radio"/>
School counselor	<input type="radio"/>
LEA test administrator	<input type="radio"/>
Other: Please specify <input type="text"/>	<input type="radio"/>

Test Administrator's knowledge of student's abilities (Mark all that apply.)

Has knowledge of the student's current IEP	<input type="radio"/>
Has knowledge of the student's academic programming	<input type="radio"/>
Has previously implemented accommodations for the student	<input type="radio"/>
Has an established relationship with the student	<input type="radio"/>
Has limited knowledge of the student's abilities	<input type="radio"/>
Is unfamiliar with student's abilities	<input type="radio"/>

LISTENING

If No Response or Incorrect on 3 CONSECUTIVE TASKS, stop the testing session.

Task	Key	Correct			Incorrect	No Response	Not Administered
		Cue A	Cue B	Cue C			
1	student “attends”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>	n/a
2	dime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a
3	duck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a
4	six	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	eat breakfast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	ducklings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	square	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	scissors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in one bubble per task (i.e., per row).

Mark all tasks that were not administered **Not Administered**.

READING

If No Response or Incorrect on 3 CONSECUTIVE TASKS, stop the testing session.

Task	Key	Correct			Incorrect	No Response	Not Administered
		Cue A	Cue B	Cue C			
1	student “attends”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a	<input type="radio"/>	n/a
2	•	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a
3	, æ ã * / & ^ • & } c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a
4	@ } ã ! ^ ã •	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	ã ^ • \	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	sprout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Little Men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	counting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	sphere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in one bubble per task (i.e., per row).

Mark all tasks that were not administered **Not Administered**.

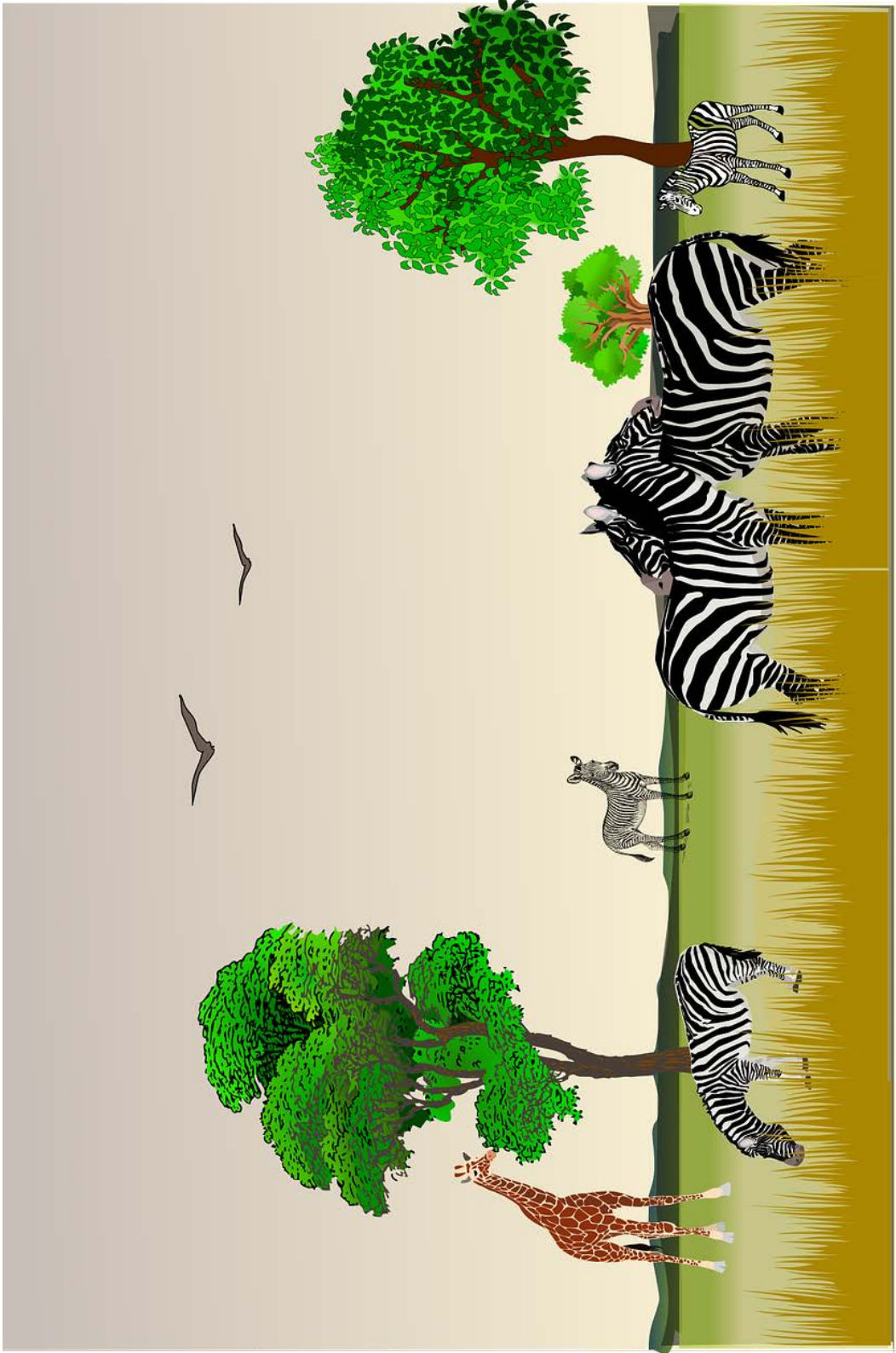
SPEAKING

If No Response or Approaches on 3 CONSECUTIVE TASKS, stop the testing session.

Task	Expect	Meets	Approaches	No Response	Not Administered
Part A					
1	vocalize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a
2	repeat sound related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a
3	repeat word related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a
Part B					
4	vocalize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	repeat sound related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	repeat word related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	produce word related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	produce phrase related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in one bubble per task (i.e., per row).

Mark all tasks that were not administered **Not Administered**.



Task	Expect	Meets	Approaches	No Response	Not Administered
1	intentional mark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a

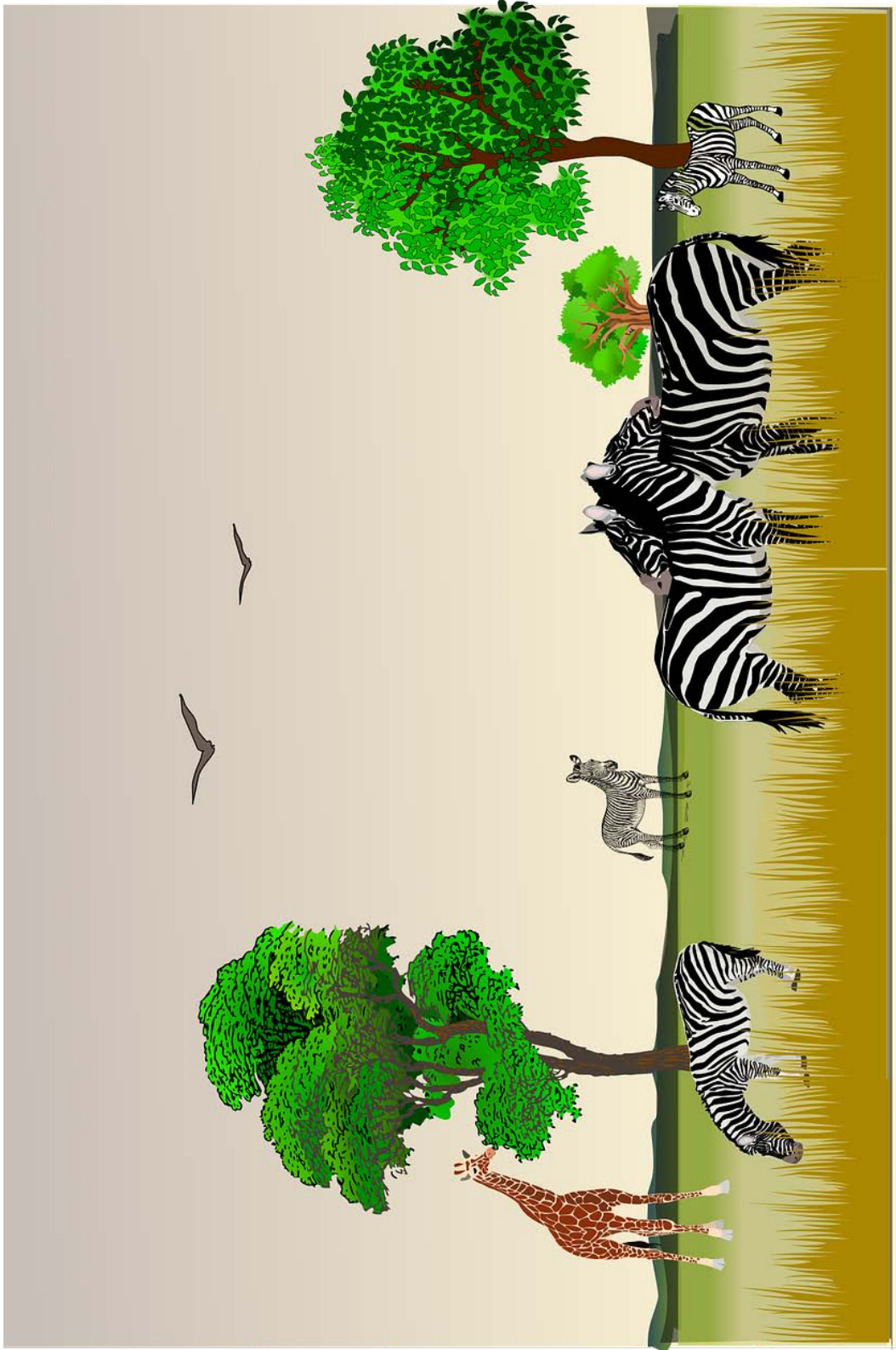
WRITING

Part A

Task 1



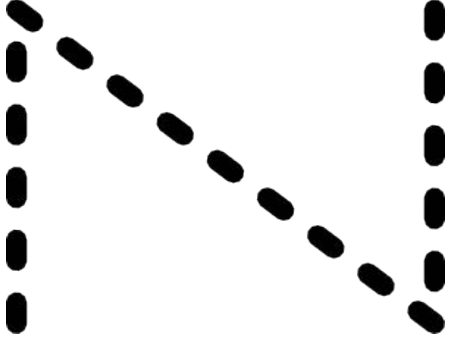
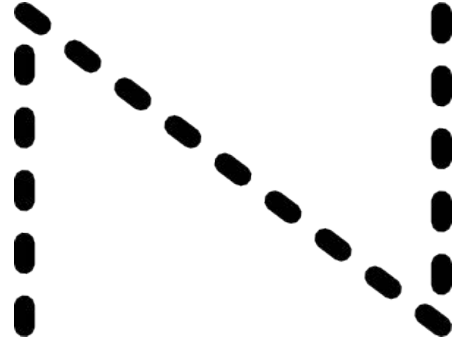
Task	Expect	Meets	Approaches	No Response	Not Administered
2	trace “Z”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a

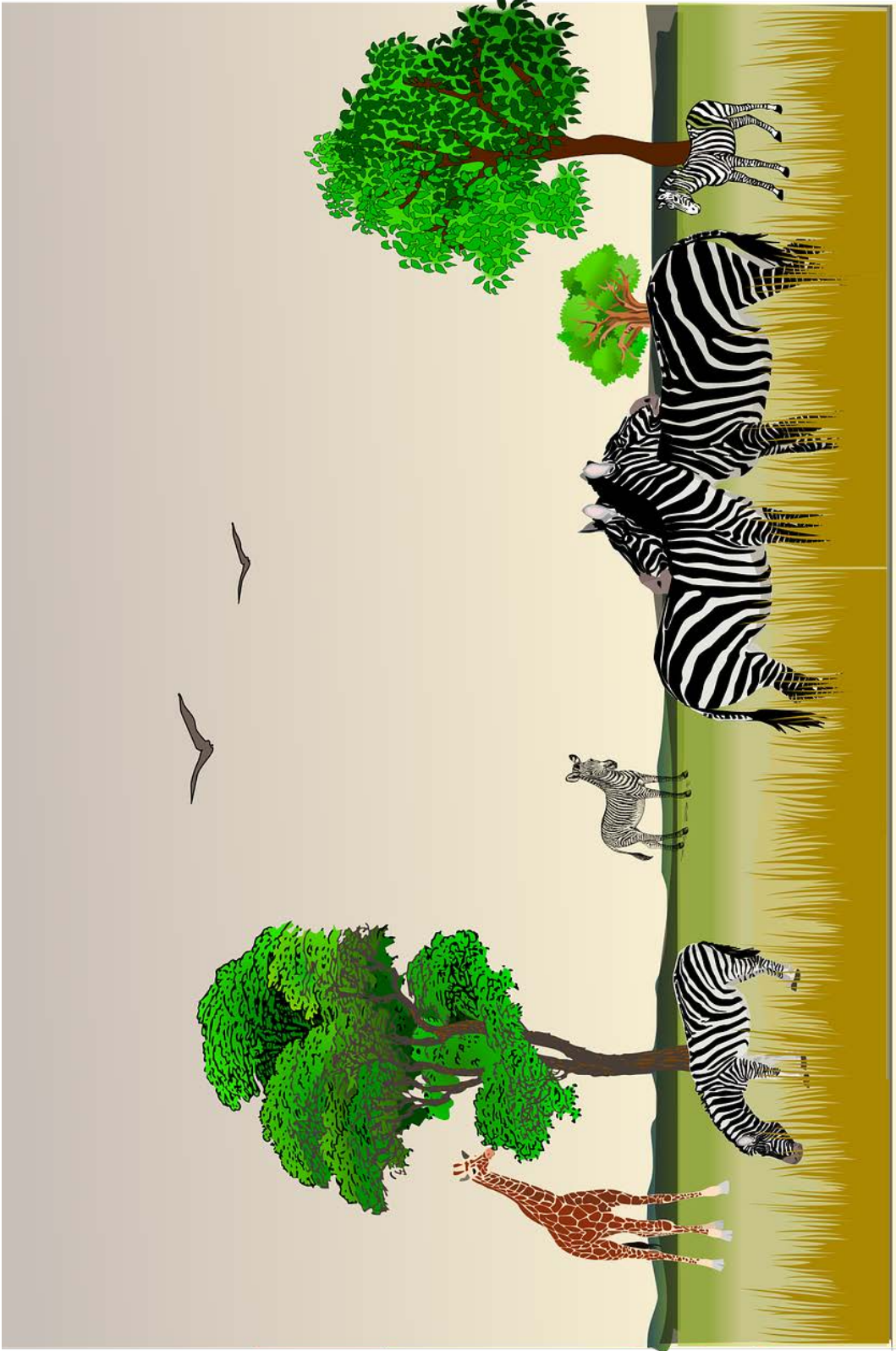


WRITING

Part A

Task 2





Task	Expect	Meets	Approaches	No Response	Not Administered
3	copy “savanna”	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n/a

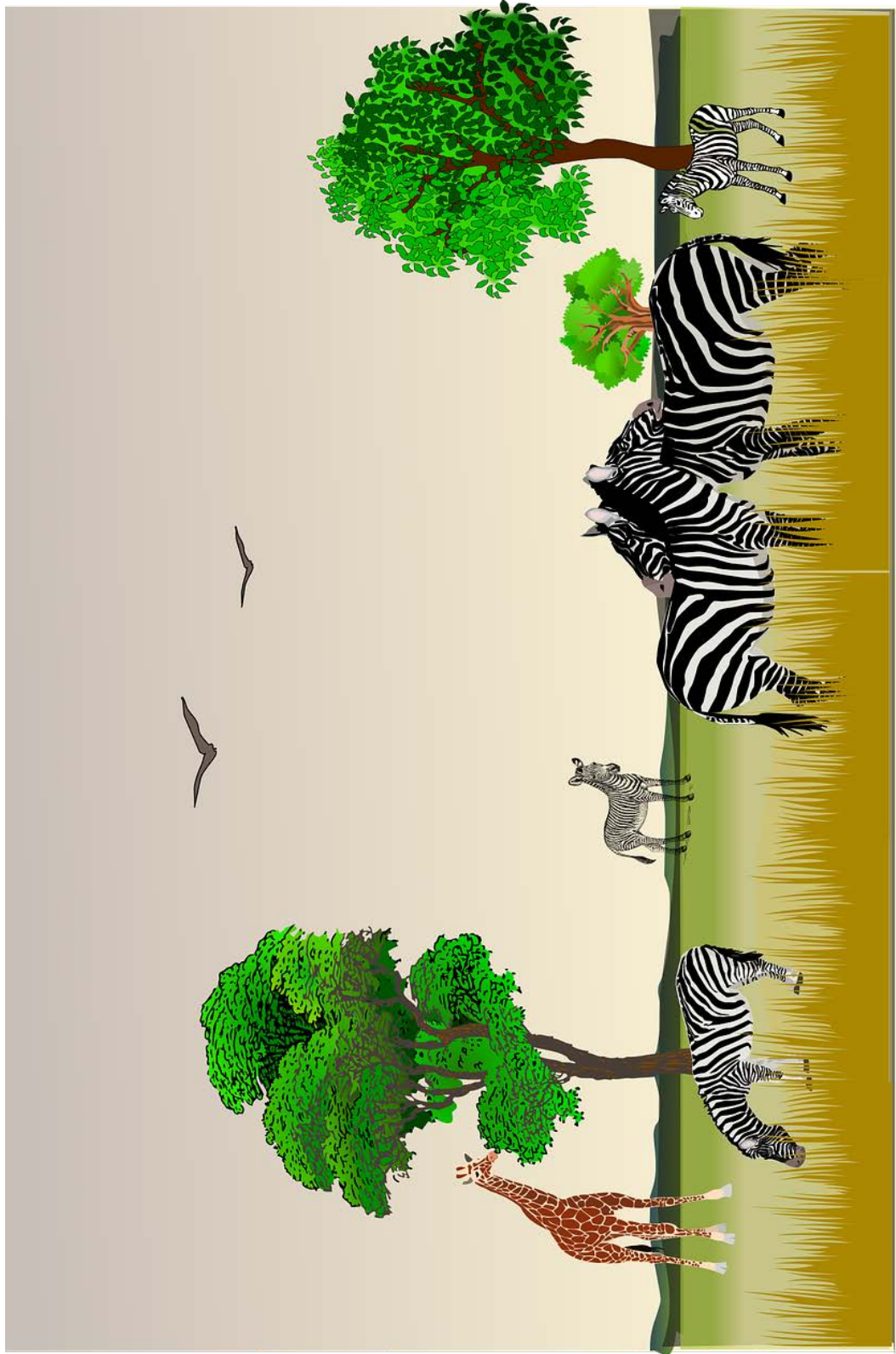
WRITING

Part A

Task 3

savanna

savanna

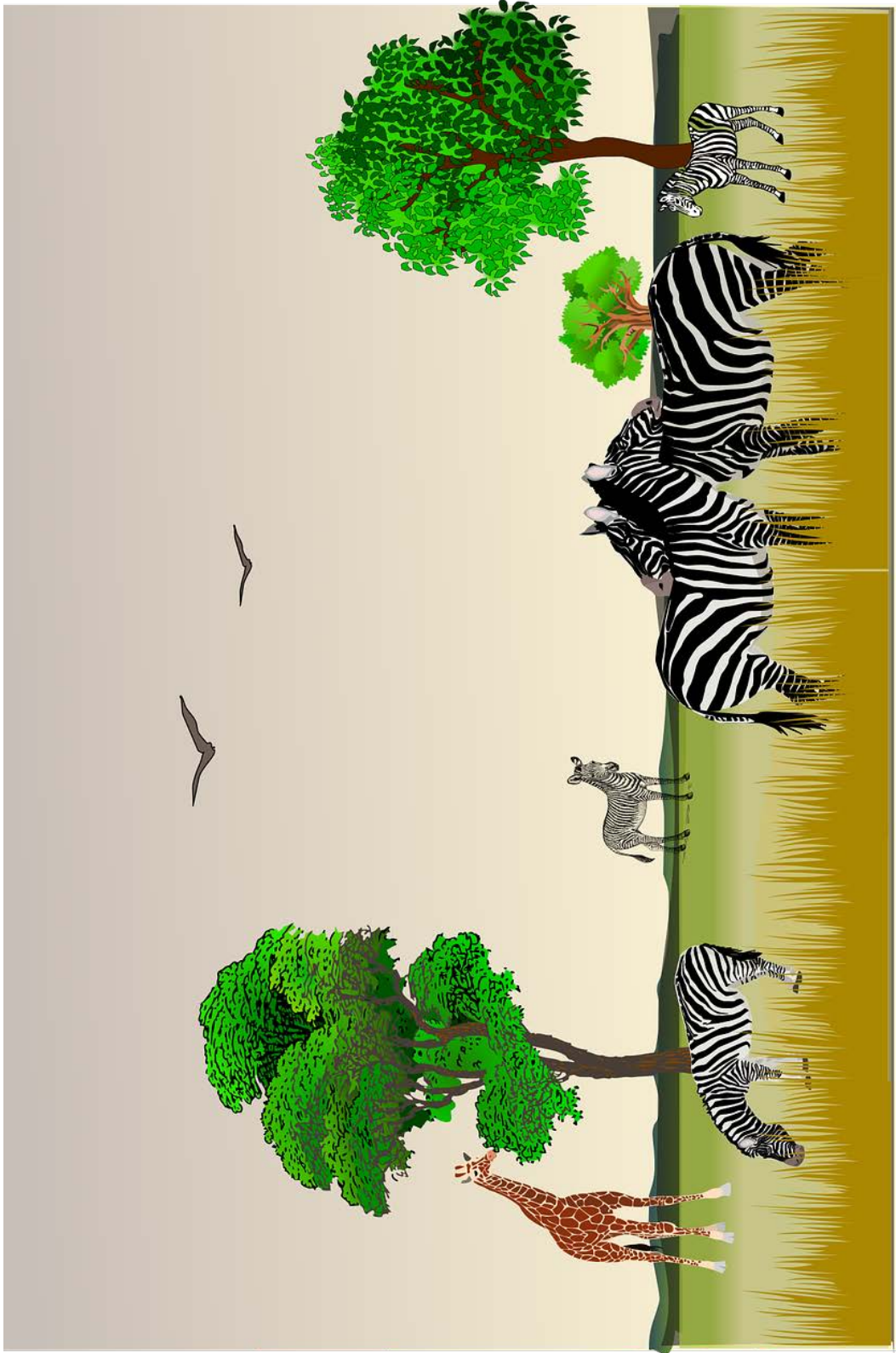


Mark student's score on page 16.

WRITING

Part A

Task 4

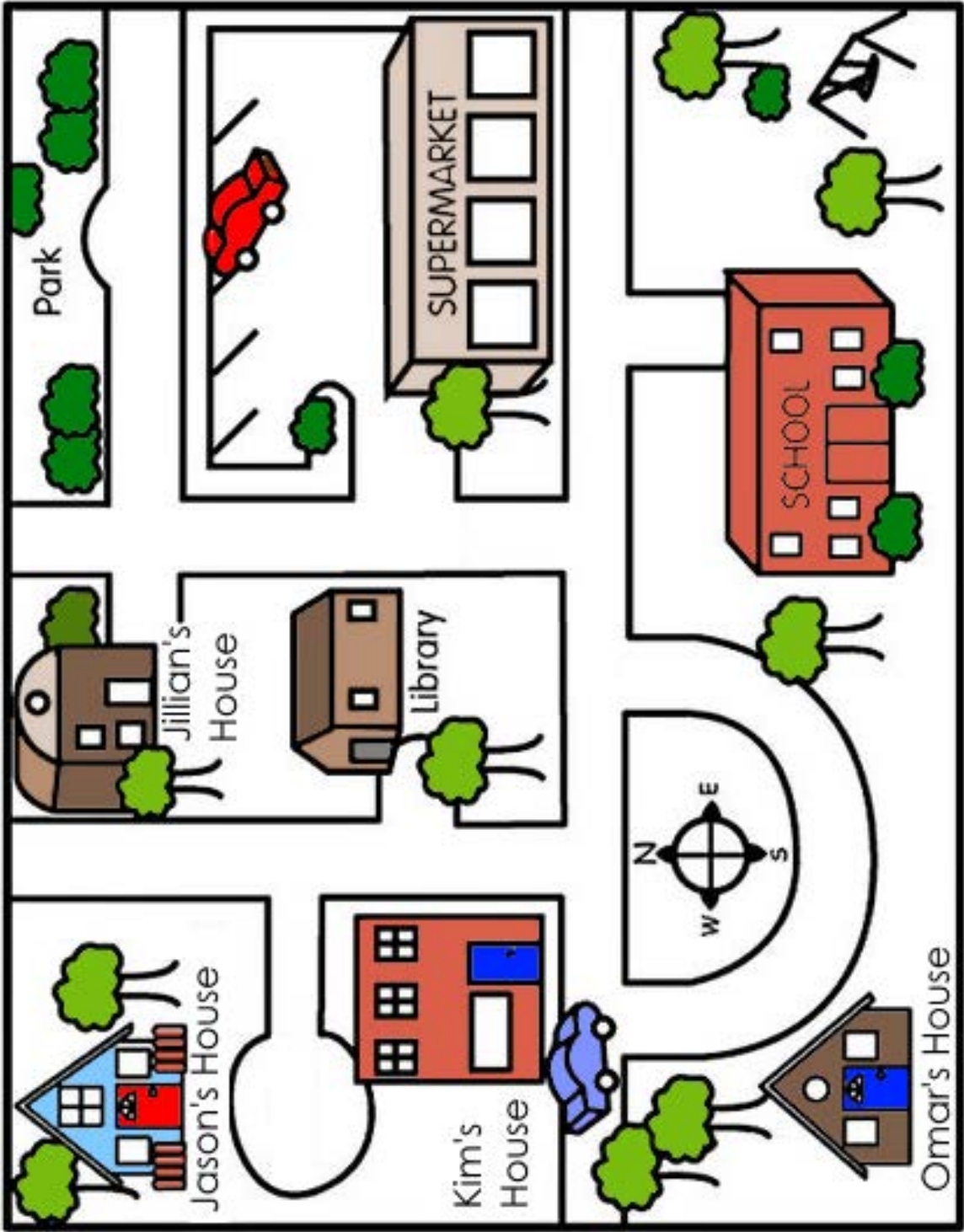


Task	Expect	Meets	Approaches	No Response	Not Administered
4	write word related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WRITING

Part A

Task 4 Continued

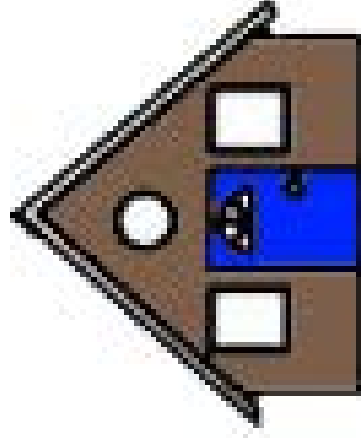
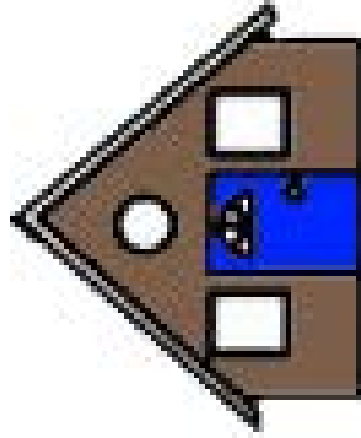


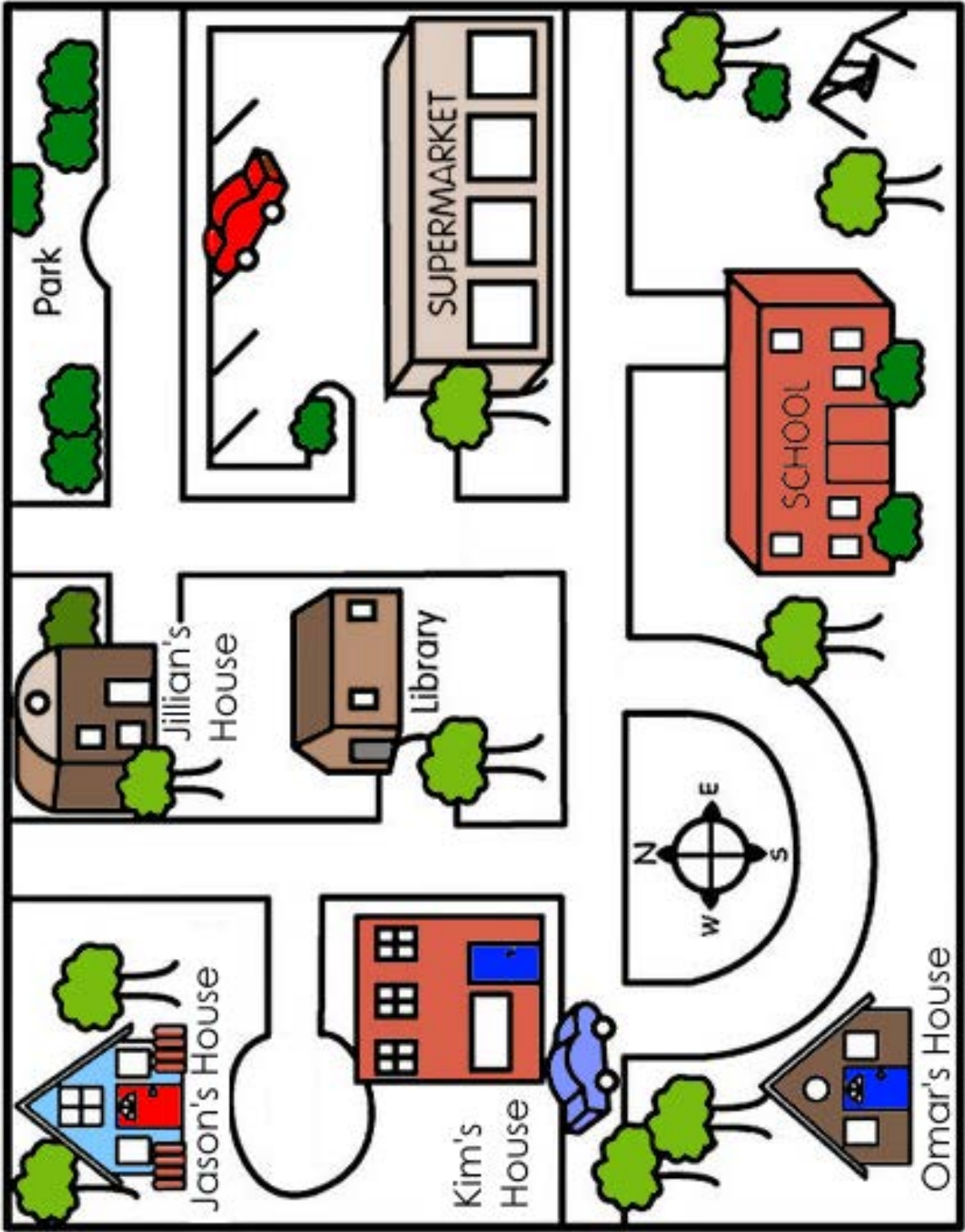
Task	Expect	Meets	Approaches	No Response	Not Administered
5	intentional mark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WRITING

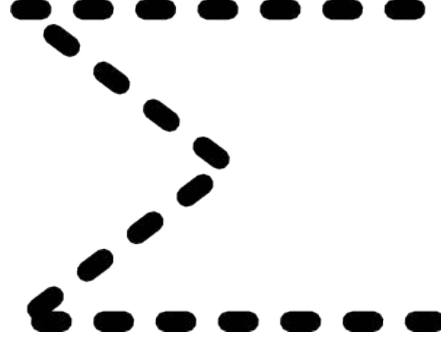
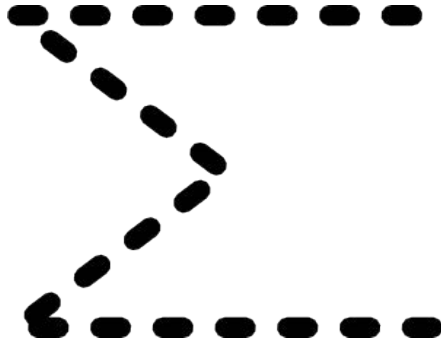
Part B

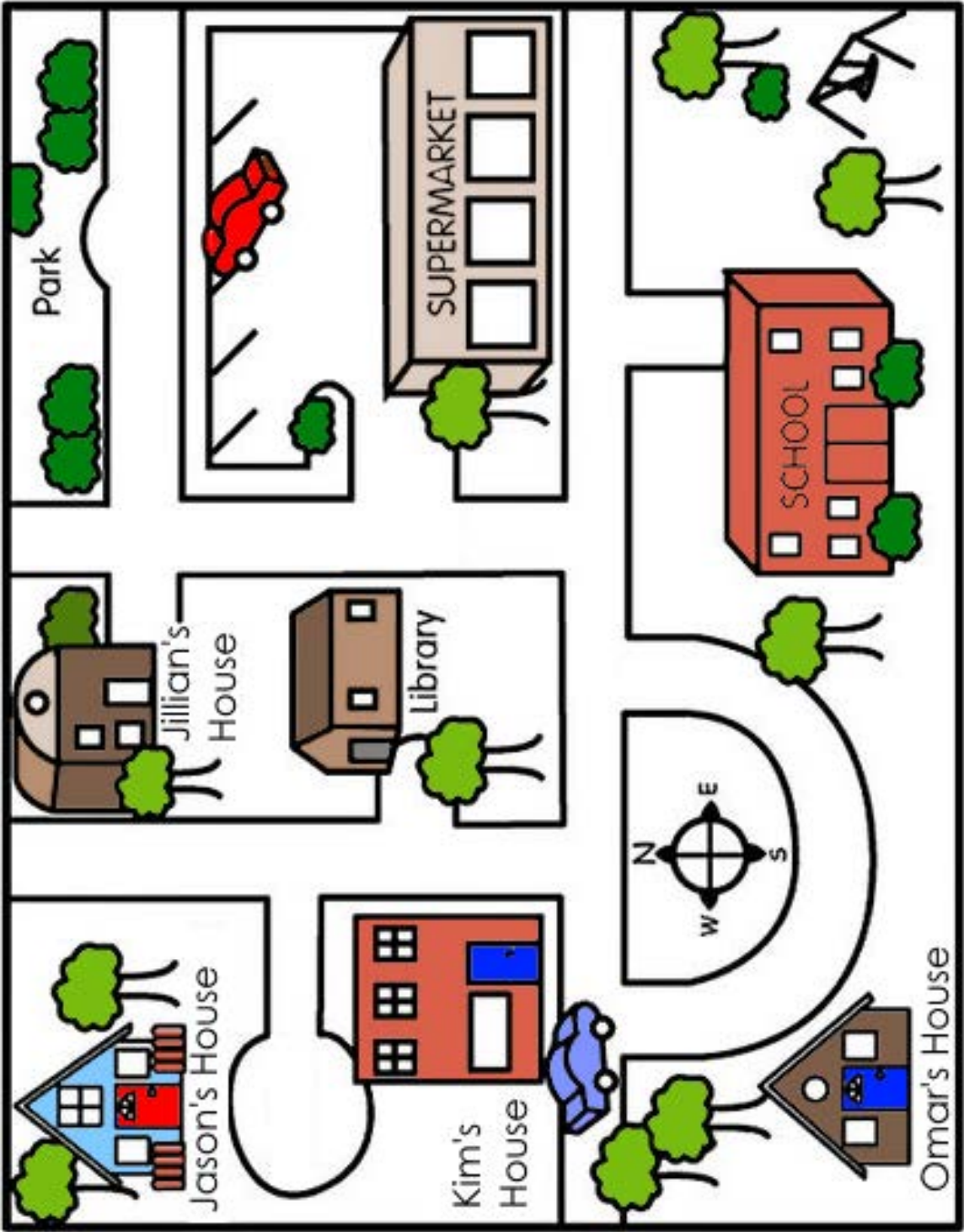
Task 5





Task	Expect	Meets	Approaches	No Response	Not Administered
6	trace "M"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Task	Expect	Meets	Approaches	No Response	Not Administered
7	copy "park"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WRITING

Part B

Task 7

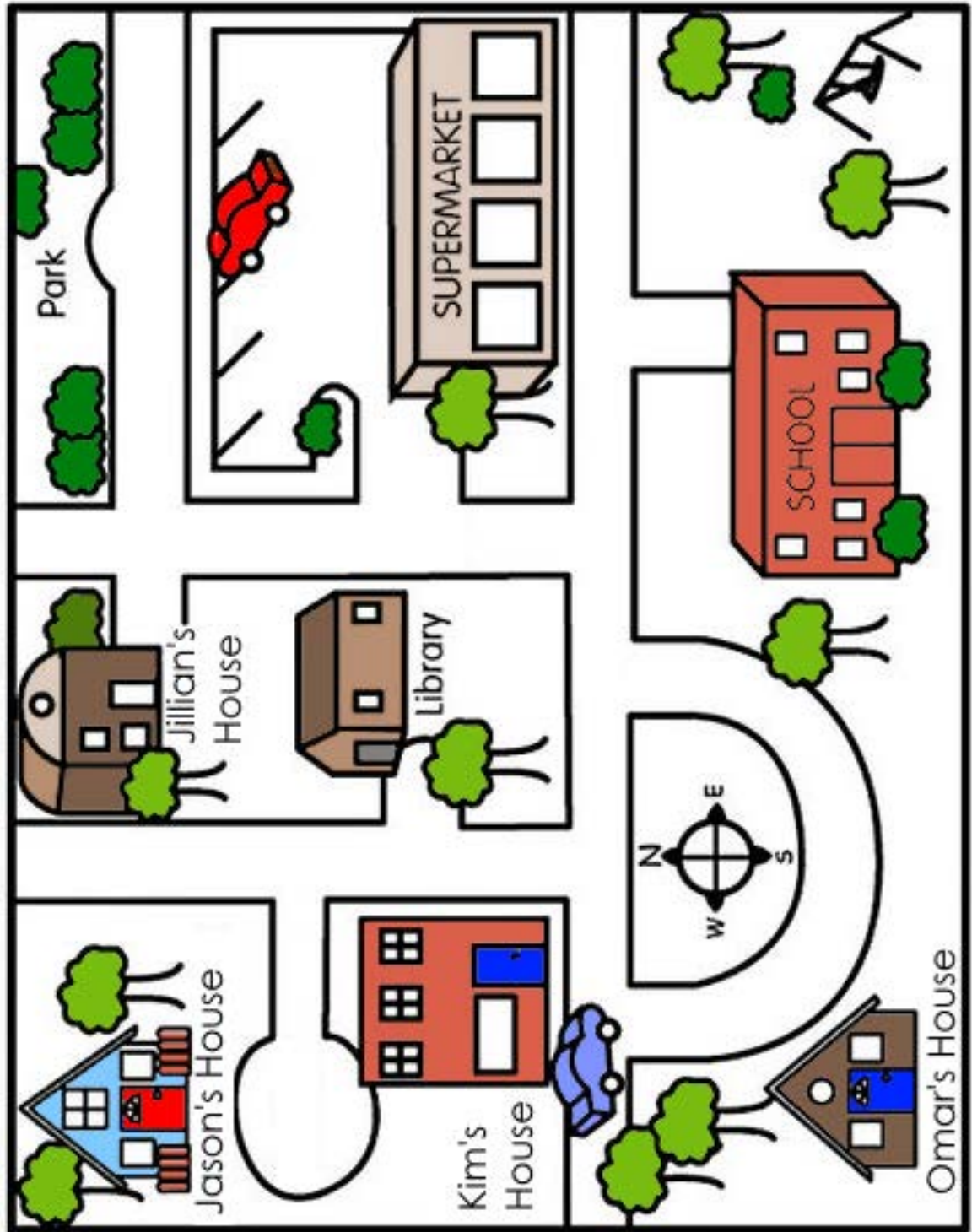
park

park

WRITING

Task 8

Part B



Mark student's score on page 26.

WRITING

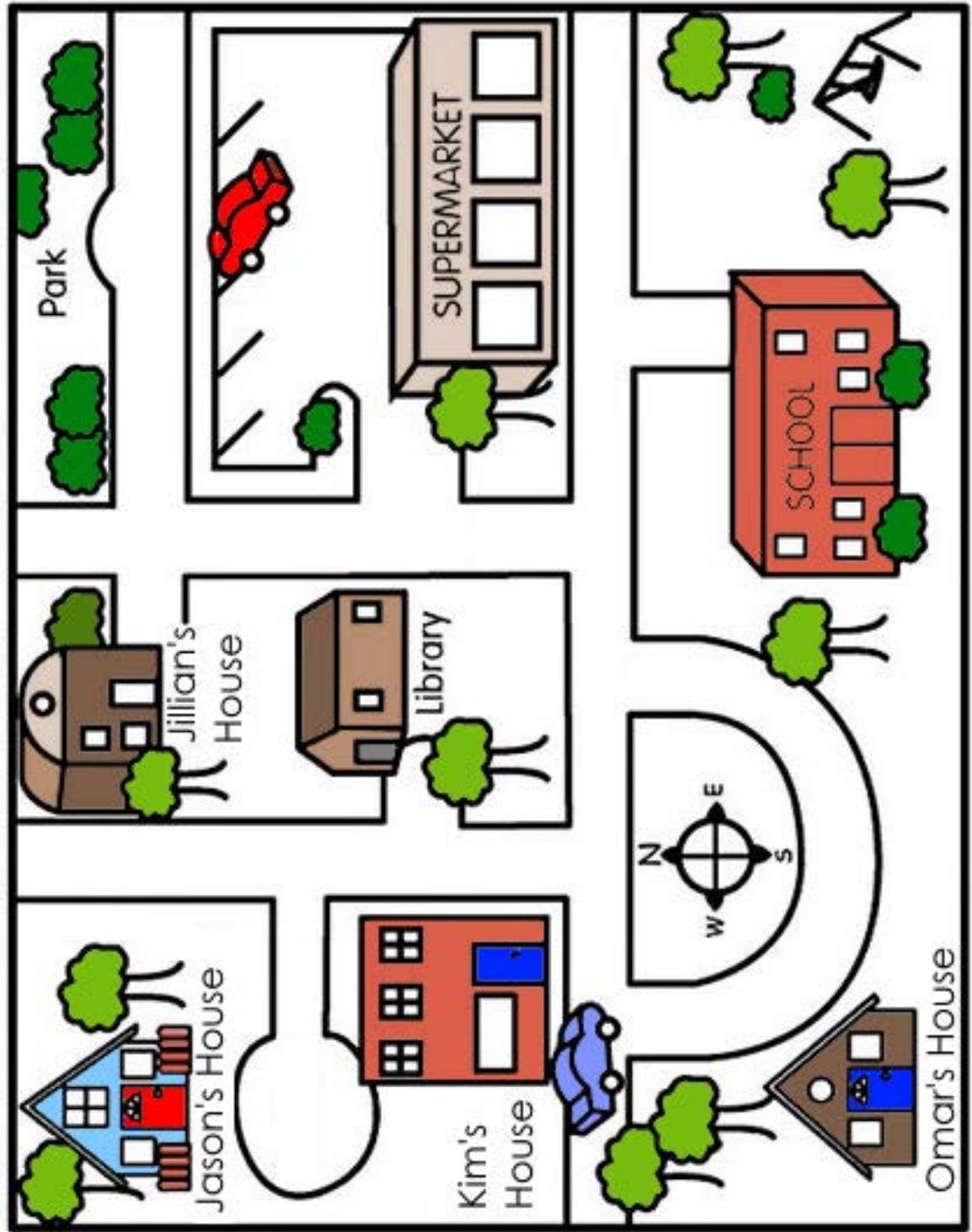
Part B

Task 8

WRITING

Part B

Task 8 Continued



Task	Expect	Meets	Approaches	No Response	Not Administered
8	write word related to task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WRITING

Part B

Part B

[illegible]

MOVING ON

Administer *PART C* only if student scored Meets on 7 or more tasks.
If student scored Meets on fewer than 7 tasks, stop the testing session.



Record student's score in Student Response Booklet.
Go to **TASK 9** (Page 30 in Student Response Booklet).



Record student's score in Student Response Booklet.
Record all remaining tasks Not Administered.

Did you scribe the student's responses? Yes ☐ No ☐

Scoring Guidance for Task 9 and 10

Writing Rubric	
Level	Text Features
Meets	3–Developing One or more simple and expanded sentences. Words in the sentence(s) may be original or adapted from model or source text. Generally comprehensible. Comprehensibility may be impeded from time to time by errors when text becomes more complex. Text is related to the task.
	2–Beginning One or more simple phrases. Text is original or adapted from the model or source text. Comprehensible when text is adapted from model or source text. Comprehensibility may be impeded by errors in original text. Text is related to the task.
	1–Entering One or more general content words. Text is original or adapted from the model or source text. Generally comprehensible when text is adapted from model or source text. Comprehensibility may be significantly impeded in original text. Text is related to the task.
Approaches	A3–Engaging Single words and numbers. All or part of text is copied. If original text is present, it is not related to the task. Comprehensibility of the text may be significantly impeded by imprecise letter, symbol, or number formation. Text may or may not be related to the task.
	A2–Exploring Common single-digit numbers, letters, symbols, or syllables. All or part of text is copied. Comprehensibility of the text may be significantly impeded by imprecise letter, symbol, or number formation. Text may or may not be related to the task.
	A1–Initiating Pictorial representations and imprecise, but intentional markings, such as drawings and scribbles. Representations may or may not be related to the task.

WRITING

Part C

Task 9



Mark student's score on page 32.

WRITING

Part C

Task 9

WRITING

Part C

Task 9 Continued

Part C

[illegible]

WRITING

Part C
Task 9 ContinuedPart C
Task 9 Continued[illegible]

WRITING	Task 10
Part C	

Part C

[illegible]

computer	boy	read
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[illegible]

DISTRICT NAME														

SCHOOL NAME														

NATIVE LANGUAGE			

STATE NAME ABBREVIATION	

DISTRICT NUMBER									

SCHOOL NUMBER						

LENGTH OF TIME IN LEP/ELL PROGRAM	
0	0
1	1
	2
	3
	4
	5
	6
	7
	8
	9

RACIAL/ETHNIC GROUP	
Part 1—Select 1 ethnicity that applies.	
<input type="checkbox"/> H	Hispanic/Latino
<input type="checkbox"/> N	Not Hispanic
Part 2—Select ALL races that apply.	
<input type="checkbox"/> I	American Indian/Alaskan Native
<input type="checkbox"/> A	Asian
<input type="checkbox"/> B	Black/African American
<input type="checkbox"/> P	Pacific Islander/Hawaiian
<input type="checkbox"/> W	White

BIRTH DATE							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

DATE FIRST ENROLLED U.S. SCHOOL							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

GRADE LEVEL	
0	0
1	1
	2
	3
	4
	5
	6
	7
	8
	9

GENDER	
<input type="checkbox"/> M	<input type="checkbox"/> F

IEP STATUS	
<input type="checkbox"/> Y	<input type="checkbox"/> N

TITLE III STATUS	
<input type="checkbox"/> Y	<input type="checkbox"/> N

MIGRANT	
<input type="checkbox"/> M	<input type="checkbox"/> N

504 PLAN	
<input type="checkbox"/> Y	<input type="checkbox"/> N

+

STATE STUDENT ID NUMBER														
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

STATE DEFINED OPTIONAL DATA									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

SCHOOL USE ONLY	
ACCOMMODATIONS	
AA	<input type="checkbox"/>
BR	<input type="checkbox"/>
CA	<input type="checkbox"/>
LP	<input type="checkbox"/>
LV	<input type="checkbox"/>
PF	<input type="checkbox"/>
SB	<input type="checkbox"/>
SF	<input type="checkbox"/>
TD	<input type="checkbox"/>
TS	<input type="checkbox"/>
OA	<input type="checkbox"/>

SCHOOL USE ONLY	
BILINGUAL/ESL TYPE	
NAS	<input type="checkbox"/>
CAT	<input type="checkbox"/>
CBE	<input type="checkbox"/>
DBE	<input type="checkbox"/>
HLA	<input type="checkbox"/>
POE	<input type="checkbox"/>
SEI	<input type="checkbox"/>
SEN	<input type="checkbox"/>
TBI	<input type="checkbox"/>
TWI	<input type="checkbox"/>

DISTRICT STUDENT ID NUMBER														
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

DISTRICT DEFINED OPTIONAL DATA									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

SCHOOL USE ONLY	
STATE SUPPORT DELIVERY MODEL	
NA	<input type="checkbox"/>
IS	<input type="checkbox"/>
PO	<input type="checkbox"/>
PR	<input type="checkbox"/>
SC	<input type="checkbox"/>

DETAILED INSTRUCTIONS FOR COMPLETING	
• ACCOMMODATIONS	
• BILINGUAL/ESL TYPE	
• STATE SUPPORT DELIVERY MODEL	
CAN BE FOUND IN THE DISTRICT & SCHOOL TEST ADMINISTRATION MANUAL	

Do Not Score This Section For This Student (See the District & School Test Administration Manual for detailed instructions)				
ABS	L	R	W	S
INV	L	R	W	S
DEC	L	R	W	S
SPD	L	R	W	S