

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

Benchmark Examinations Affidavit Waiver Form for Providing an Approved Accommodation April 2007

I provided an approved testing accommodation for

_____ Student's Name

_____ Answer Document Number

by _____ Session(s) _____
reading/transcribing

of the April 2007 Benchmark Examination for Grade _____, test booklet form _____ (enter the letter from the upper right corner of the test booklet). 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

Keep one (1) copy for file and staple one (1) copy to *Affidavit 3 – Test Administrator Security Form*