

**CAREER READY ALTERNATE ASSESSMENT FOLDER (CRAAF)**

**STUDENT INFORMATION PAGE**

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

GRADE: \_\_\_\_\_ SSID: \_\_\_\_\_

Date student enrolled in district (only applies to students new to district):

\_\_\_\_\_

Date student was determined Alternate Assessment (only if placement occurred during this school year):

\_\_\_\_\_

Please provide all accommodations listed on the current Individualized Education Program (IEP) for the student named above.

Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_