

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: _____