ALTERNATE ASSESSMENT & ACCOUNTABILITY FOLDER (AAAF) 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.

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Teacher Name:	

Teacher Signature: