## **New Jersey DLM Test Administration Observation Form Spring 2018**

Studei	nt Name:	Grade Level of Assessment:
Test D	ate(s):	School:
Test S	ubject(s):	Test Administrator:
Cite if	applies to all testlets or specific (e.g. first testlet):	
situation etc. Th	ons; for example, revising next year's AP, changing future	may indicate a need to change a factor in future testing test location, changing the type of technology device used, uch as need to substitute manipulatives, student behavior in testing due to school technology issue, etc.
2017-2 docum		•
	rm should be shared with the Assessment Coordinator, a 7-2018.	nd may be shared with staff involved in test preparation
1.	Testing Location:	
	Other:	
	Change for assessment?	
2.	Testing Conditions that May Have Impacted Studer Behavior of the students in the classroom Environmental conditions Adults present other than test administrator Student Ratio Other Be specific about anything you selected above	nt Testing (Select all that apply)
3.	Testing Device Used Other:	
	Be specific about any issues:	

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4.	Student Behavior During Testing – indicate any issues or concerns relevant to the test administration
5.	Completed All Assigned Testlets: Yes No If "No", discuss with Assessment Coordinator.
6.	Did the student have difficulty with accessibility? Should the AP be adjusted? If so, why and how?
7.	Substitution of Manipulatives – Describe if there were any issues.
8.	Test Administrator Comments  - Rate the student's overall engagement during the DLM assessment:  - Other comments: