

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

<b>Implementation Date:</b> Fiscal Year 2007-08 July 1, 2007
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<b>Element Name:</b> Test Accommodations											
<b>Definition/Domain</b>											
<p>The type of special accommodations, if any, needed by the student when being tested.</p> <table border="0"> <thead> <tr> <th align="left"><u>CODE</u></th> <th align="left"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td><b>C</b></td> <td>Contracted Braille</td> </tr> <tr> <td><b>U</b></td> <td>Uncontracted Braille</td> </tr> <tr> <td><b>L</b></td> <td>Large Print</td> </tr> <tr> <td><b>Z</b></td> <td>Not Applicable. None of the above test accommodations are needed.</td> </tr> </tbody> </table> <p>Note: This information will be used during the pre-identification process for administration of the Comprehensive English Language Learning Assessment (CELLA) and other statewide assessments.</p>		<u>CODE</u>	<u>DEFINITION</u>	<b>C</b>	Contracted Braille	<b>U</b>	Uncontracted Braille	<b>L</b>	Large Print	<b>Z</b>	Not Applicable. None of the above test accommodations are needed.
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<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>										
<b>Format:</b> Alphabetic	Grades KG-12										
<b>Compatibility Requirement:</b> Compatible	English Language Learners, Exceptional Student Education, Section 504										
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>										
<input checked="" type="checkbox"/> <b>State Report</b> <input checked="" type="checkbox"/> <b>Local Accountability</b> <input type="checkbox"/> <b>F.A.S.T.E.R.</b> <input type="checkbox"/> <b>Migrant Tracking</b>	Federal/State Indicator Status DB9 22x										
<b>Data Element Number:</b> 176375	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 9										
<b>Revised:</b>	<b>Volume I      Effective: 7/08      Page Number: 271-100</b>										