MSAA Observation Checklist | Spring 2019

Test Coordinator: __________________________________________________________
District: ___________________________ School: ___________________________
Teacher: ___________________________ Grade Level: _______________________
Time of Day for Observation: __________________
Location of Testing (i.e. classroom, library, computer room): _____________________
Interruptions: ___________________________________________________________

Type of Administration: (check all that applies)
□ Paper-Based □ Computer-Based □ Hybrid
□ Desktop □ Reading
□ Laptop □ Math
□ iPad □ Writing
□ Whiteboard □ Answer Options

Assessment Features Used: (check all that applies)
□ Answer Masking □ Audio Player
□ Alternate Color Theme □ Increase Volume
□ Magnification Tool □ Increase/Decrease Size of Text and Graphics
□ Tactile Graphics □ Tactile Symbols
□ Read Aloud by TA □ Manipulatives for Mathematics
□ Alternative Text Read Aloud by TA □ Object Replacement
□ Line Reader

Accommodations Specific to the IEP Used: (circle)
□ Scribe □ Sign Language □ Paper Based □ Assistive Technology: ____________
(indicate type)

Did the TA use DTAs?: □ Yes □ No
If yes, select one: □ DTAs were printed □ DTAs were read off a device

DTA Fidelity of Implementation: □ High □ Medium □ Low

Did the TA exhibit secure storage of test materials? □ Yes □ No

Did the TA utilize sample items prior to testing? □ Yes □ No

Did the student appear frustrated or distracted by testing? □ Yes □ No
If yes, what situation(s) seemed to trigger frustration? ____________________________
What strategies did the TA Use to resolve frustration? ___________________________

Did the student utilize breaks during testing? □ Yes □ No
If so, how many? _________
What behaviors seemed to result in breaks (TA or student behaviors)? __________________
Did the TA use physical prompting (such as pointing, gesturing or hand-over-hand) that may have given the student the answer? □ Yes □ No

Did you observe the student choosing the same answer option repeatedly? □ Yes □ No
   If yes, this was: □ a computer-based test   □ a paper based test

Did you observe behaviors that could influence the choice of the same answer option? □ Yes □ No
   If yes, was it: □ related to test content   □ related to test presentation
   □ related to the student’s disability   □ related to a student characteristic
   □ related to teacher behavior   □ related to the environment

Did the TA administer the Student Response Check (SRC)? □ Yes □ No
   If yes, how many times? _________ Were four test items administered? _________
   Was the test closed? _________

Approximately how many times have you had contact with this TA regarding the test? _________

Questions for Test Administrator:

1. What type of assessment(s) do you use with this student in classroom instruction?
   □ Informal questions and observations □ Portfolio □ Online/Computer
   □ Performance Task □ Multiple Choice

2. What caused barriers for the students during test administration? What particular student characteristics were associated with these barriers? (E.g., did this barrier apply exclusively to students with motor difficulties or was it a more generalized barrier?) What do you use in instruction to address similar barriers? ________________________________________________
   __________________________________________________________________________

3. How did the difficulty of items affect students’ ability to access and respond to the items? Did they respond differently to easy versus hard items? If so, how?
   __________________________________________________________________________
   __________________________________________________________________________

4. Describe the response of your students to the tests in terms of the behaviors they displayed: (e.g., normal engagement, excitement, exhaustion, frustration, etc.) ____________________________
   Did this change as the assessment progressed? □ Yes □ No
   What behaviors did you see that were barriers for them to show what they actually can do and know?
   __________________________________________________________________________

5. How many testing sessions did the majority of your students needed to complete testing? _________

6. Do you have any other feedback you would like to share? __________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________