

2006-2007 Arkansas Alternate Portfolio Assessment System

ENTRY SLIP

Students with Disabilities: Grades 3–8 and 11

Entry Slip MUST be completed correctly for the entry to be scoreable!!!

Student Name: _____ **Date:** _____

Grade: _____ **Entry Slip Completed by:** _____

Literacy Strands (check only one)

| | | | |
|---------------------------------------|-----------------------------------|-----------------------------|-----------------------------|
| Oral and Visual Communication: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> | #3 <input type="checkbox"/> |
| Writing: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> | #3 <input type="checkbox"/> |
| Reading: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> | #3 <input type="checkbox"/> |

Mathematics Strands (check only one)

| | | |
|---------------------------------------|-----------------------------------|-----------------------------|
| Number and Operations: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |
| Algebra: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |
| Geometry: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |
| Measurement: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |
| Data Analysis and Probability: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |

Science Strands – Grades 5 and 7 ONLY (check only one)

| | | |
|-------------------------|-----------------------------------|-----------------------------|
| Life: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |
| Physical: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |
| Earth and Space: | Entry #1 <input type="checkbox"/> | #2 <input type="checkbox"/> |

Identify the Content Standard and Student Learning Expectation addressed by this entry:

Content Standard #:
Description:

Student Learning Expectation #:
Description:

Level of Assistance (check all that apply): What is the level of assistance required beyond instructions and natural cues?

| | Continuous | Frequent | Occasional | Never |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Verbal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BE SURE TO COMPLETE ONE TASK SHEET FOR EVERY ENTRY SLIP.

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TASK SHEET

Students with Disabilities: Grades 3 – 8 and 11

Evidence: #1

Type of Evidence:

Description of task:

Explain clearly what this student did to demonstrate skills in the standards-based task:

Setting:

Evidence: #2

Type of Evidence:

Description of task:

Explain clearly what this student did to demonstrate skills in the standards-based task:

Setting:

Evidence: #3

Type of Evidence:

Description of task:

Explain clearly what this student did to demonstrate skills in the standards-based task:

Setting: