

STAAR Alternate 2 Scoring Document Science



Student Name: _____ TSDS ID: _____

Grade: _____ Subject: _____ Form Number: _____

Assessment Year: _____ Translated Student Materials: ☐ Yes ☐ No

Accommodations

Mark the accommodations used during this test administration.

<input type="checkbox"/>	Color or Highlight Images	<input type="checkbox"/>	Describe Images
<input type="checkbox"/>	Color Overlays	<input type="checkbox"/>	Provide Images or Text Separately
<input type="checkbox"/>	Photographs or Objects Paired with Text	<input type="checkbox"/>	Cover or Isolate Images
<input type="checkbox"/>	Textured Materials	<input type="checkbox"/>	Picture Representations
<input type="checkbox"/>	Demonstrate Concepts	<input type="checkbox"/>	Calculator, Manipulatives, Math Tools
<input type="checkbox"/>	Raise or Darken Outline	<input type="checkbox"/>	Reread Text (Prior to "Find" Statement)
<input type="checkbox"/>	Enlarge Images or Text	<input type="checkbox"/>	Provide Structured Reminders
<input type="checkbox"/>	Braille	<input type="checkbox"/>	

Scoring

Mark the student's score for each question.

1	(A)	(B)	(C)
2	(A)	(B)	(C)
3	(A)	(B)	(C)
4	(A)	(B)	(C)
5	(A)	(B)	(C)
6	(A)	(B)	(C)
7	(A)	(B)	(C)
8	(A)	(B)	(C)
9	(A)	(B)	(C)
10	(A)	(B)	(C)
11	(A)	(B)	(C)
12	(A)	(B)	(C)
13	(A)	(B)	(C)
14	(A)	(B)	(C)

15	(A)	(B)	(C)
16	(A)	(B)	(C)
17	(A)	(B)	(C)
18	(A)	(B)	(C)
19	(A)	(B)	(C)
20	(A)	(B)	(C)
21	(A)	(B)	(C)
22	(A)	(B)	(C)
23	(A)	(B)	(C)
24	(A)	(B)	(C)
25	(A)	(B)	(C)
26	(A)	(B)	(C)
27	(A)	(B)	(C)
28	(A)	(B)	(C)