

**Translator's Report Form
for the Oral Translation Accommodation
of the Grades 3 - 8 Ohio Achievement and Proficiency Tests**

Section 1: to be completed by school personnel

School name _____ School IRN _____

District name _____ District IRN _____

Student's name _____ Student ID # _____

Subject tested _____ Student's grade _____

Language _____ Date of testing _____

Name of test administrator _____

Payment should be made to (check only one box):
Translator School District

Section 2: to be completed by translator

Translator's name _____ Miles driven to and from the school _____

Translator's address _____

Translator's email _____ Meal reimbursement amount (Please attach receipt.)

Home phone _____ \$ _____

Cell phone _____

Section 3: to be completed and signed by test administrator and translator

By signing this form, I attest that the Oral Translation Script was followed faithfully and that all other test administration procedures were followed during the testing of this student.

Translator _____ Administrator _____
Print your name here *Print your name here*

Signature _____ Signature _____

For this administration to be considered valid, this form must be completed and signed, and the top copy must be mailed to Julia Chesla at the American Institutes for Research – 1000 Thomas Jefferson Street, NW – Washington, DC 20007.