

Date:

## 2021 AP Nonstandard Administration Report (NAR)

**Date Generated:** 

**School Code:** 

**School Name and Address:** 

Services for Students with Disabilities (SSD) Coordinator: Please complete this report for each AP Exam taken by this student. The timing record only needs to be completed for students approved for extended time (refer to the extended time tables in the current AP Coordinator's Manual, Part 2 to determine specific timing for each exam).

SSD Number:					Exam Date	Exam Date:		
					AP ID:			
Approved Accommodations					Exam Code	Exam Code:		
					Exam Title:			
Timing Record			College Boa	rd-approved To	otal Testing Time: _			
Section	Section II Time		Ex	Extra or Extended Break				
(hours and		(hours and minutes)			Time (in minutes)			
approved	used		approved	used	ар	proved	used	
Part A:		Reading Period*:			Extra I:			
Part B:		Part A:			Extra 2:			
		Part B:			Extra 3:			
Total:		Total:			Total:			
			*if applicable					