

## Accommodations Plan for Instruction and Assessments

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Specific criteria must be met to use accommodations on state assessments. Students must have a documented, individual need, use it regularly for three months before state testing and the specific accommodation(s) must be documented in **one** of the following plans: IEP, 504 Plan, ILP, ALP, Health Plan or an ELDP. If students have one of these plans, this form is not required.

**This form is only required in cases that the educational team has identified a student with an identified need through the RTI process, but the student does not qualify for one of the district's aforementioned formal plans.** There should be a very limited need to use this form.

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**Student Name:**

**Grade:**

**List accommodations** (also check accommodations used in instruction and for state testing on the back of this plan):

**Date educational team met to complete this form:**

**List people that attended this educational team meeting:**

**Date accommodation was first implemented:**

**What is the student's individual need that would allow the student to use an accommodation during state assessments** (note: getting an accommodation on a regular basis during instruction does not justify using an accommodation on a standardized test)?

**How does the accommodation(s) help the student access instruction?**

**How will this accommodation(s) help the student access state assessments?**

**What is the timeline for how often the team has agreed to monitor the student's use of the accommodation throughout the year?**

**Accommodations Used During Instruction and Assessment on a Regular Basis**

Check all the accommodations used on a regular basis during instruction, both instructional activities and classroom assessments.

Accommodations		
<input type="checkbox"/> Abbreviated assignments, same concepts	<input type="checkbox"/> Flexible scheduling/breaks	<input type="checkbox"/> Read aloud test items (9)
<input type="checkbox"/> Alpha Smart (7)	<input type="checkbox"/> Flexible setting/group	<input type="checkbox"/> Scribe (5)
<input type="checkbox"/> Assignment book/organizer	<input type="checkbox"/> Graphic organizer/learning tools	<input type="checkbox"/> Sensory Aids
<input type="checkbox"/> Assistive technology _____ (7)	<input type="checkbox"/> Large Print (2)	<input type="checkbox"/> Use of manipulatives (4)
<input type="checkbox"/> Auditory aids	<input type="checkbox"/> Multiple or Frequent breaks	<input type="checkbox"/> Visual Schedule
<input type="checkbox"/> Braille (1)	<input type="checkbox"/> Preferential seating	<input type="checkbox"/> Word processor with/without talk-text technology (7)
<input type="checkbox"/> Extended Time _____ (8) (indicate avg. # of mins.)	<input type="checkbox"/> Read aloud for directions (3)	<input type="checkbox"/> Word to Word dictionary (C)
<input type="checkbox"/> Other (specify): _____		

(# in parentheses) is the number/letter for the corresponding TCAP Accommodation on the Student Data Grid.

Below, check all the accommodation(s) to be used during the TCAP administration for each of the content areas. NOTE: All accommodations used on TCAP by a student must be indicated on the student data grid for each subject area.

Accommodation List	Reading	Writing	Math	Science
None (0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille version (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large-print version (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher-read directions only (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Manipulatives (4)	N/A	N/A	<input type="checkbox"/>	N/A
Scribe (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signing (6)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Technology (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended timing (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Script (entire test) (9)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Nonstandard Accommodation (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translated oral script (entire test) (B)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word-to-Word Dictionary (C)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Standard Accommodation (only if approved):				

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_