

ADDENDA

2009 – 2010

**TCAP
ACCOMMODATIONS**

TCAP ACHIEVEMENT – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) IEP / 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE			
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY			
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions Verbatim
CALCULATOR MATHEMATICS TABLES			
<input type="checkbox"/> Y <input type="checkbox"/> N	See <i>Teacher Directions</i> for additional information		
FLEXIBLE SETTING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group
<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers
AUDITORY AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification	<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer
MULTIPLE TESTING SESSIONS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the same school day		
FLEXIBLE SCHEDULING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)	<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day
SCRIBE/RECORDING ANSWERS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet	<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper		
MARKING IN TEST BOOKLET			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet (May not be used on the Achievement Test in grades K—2)		
STUDENT READS ALOUD TO SELF			
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting		

Special Accommodations

Accommodations	Documentation Verification		Required Conditions for Accommodations	Notations
	IEP	504		
A Extended Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Extended Time limits determined by IEP or 504 Team Flexible Setting required Flexible Scheduling required
B Read Aloud Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan: May be used on all tests/subtests consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
C Read Aloud Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests/subtests consistent with subject area accommodations 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Items must be read verbatim
D Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests/subtests consistent with subject area accommodations 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions/Items must be read verbatim
E Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
G Calculator/Mathematics Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	IEP documenting consistent use in classroom instruction and testing Documented use in 100% of mathematics	Flexible Setting required Flexible Scheduling considered Memory cleared prior to/after test
H Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in mathematics classroom instruction and testing	Flexible Setting considered Student familiarity with Manipulatives required Manipulatives provided by school
I Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
K Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF (See guidelines)

Accommodations must be recorded on the student's answer document.

TCAP MAAS – ACCOMMODATIONS

(Addendum to the IEP)

Student's Name _____ IEP Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE			
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY			
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions Verbatim
CALCULATOR MATHEMATICS TABLES			
<input type="checkbox"/> Y <input type="checkbox"/> N	See <i>Teacher Directions</i> for additional information		
FLEXIBLE SETTING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group
<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers
AUDITORY AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification	<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer
MULTIPLE TESTING SESSIONS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the same school day		
FLEXIBLE SCHEDULING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)	<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day
SCRIBE/RECORDING ANSWERS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet	<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper		
MARKING IN TEST BOOKLET			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet (May not be used on the Achievement Test in grades K—2)		
STUDENT READS ALOUD TO SELF			
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting		

Special Accommodations

Accommodations		Documentation Verification IEP	Required Conditions for Accommodations	Notations
A	Extended Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Extended Time limits determined by IEP or 504 Team Flexible Setting required Flexible Scheduling required
B	Read Aloud Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan: May be used on all tests/subtests consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
C	Read Aloud Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests/subtests consistent with subject area accommodations 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Items must be read verbatim
D	Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests/subtests consistent with subject area accommodations 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions/Items must be read verbatim
E	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
G	Calculator/Mathematics Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting consistent use in classroom instruction and testing Documented use in 100% of mathematics	Flexible Setting required Flexible Scheduling considered Memory cleared prior to/after test
H	Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in mathematics classroom instruction and testing	Flexible Setting considered Student familiarity with Manipulatives required Manipulatives provided by school
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF (See guidelines)

TCAP WRITING – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) IEP / 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE							
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY							
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Y <input type="checkbox"/> N	Re-read/sign Oral Instructions Verbatim				
FLEXIBLE SETTING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group	<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers				
AUDITORY AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification	<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer				
MULTIPLE TESTING SESSIONS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the same school day						
FLEXIBLE SCHEDULING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Time of Day				
STUDENT READS ALOUD TO SELF							
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting						

Special Accommodations

	Accommodations	Documentation Verification		Required Conditions for Accommodations	Notations
		IEP	504		
A	Extended Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Extended Time limits determined by IEP or 504 Team Flexible Setting required Flexible Scheduling required
E	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
J	Scribe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Scribe guidelines must be followed
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF (See guidelines)

Accommodations must be recorded on the student's answer document.

TCAP END-OF-COURSE (EOC) AND GATEWAY – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) IEP / 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE			
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Braille
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY			
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Y <input type="checkbox"/> N	Re-read/sign Oral Instructions Verbatim
CALCULATOR/MATHEMATICS TABLES			
<input type="checkbox"/> Y <input type="checkbox"/> N	See <i>Teacher Directions</i> for specified test		
FLEXIBLE SETTING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers
AUDITORY AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification	<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer
MULTIPLE TESTING SESSIONS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the same school day		
FLEXIBLE SCHEDULING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)	<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day
SCRIBE/RECORDING ANSWERS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet	<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper		
MARKING IN TEST BOOKLET			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet		
STUDENT READS ALOUD TO SELF			
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting		

Special Accommodations

	Accommodations	Documentation Verification		Required Conditions for Accommodations	Notations
		IEP	504		
A	Extended Time: EOC Tests Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applies only to EOC Tests Gateway Tests are Untimed IEP or 504 Plan documenting consistent use in classroom instruction and testing	Extended Time limits determined by IEP or 504 Team Flexible Setting required Flexible Scheduling required
B	Read Aloud Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Service Plan: May be used on all tests consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
C	Read Aloud Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests consistent with subject area accommodations 504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
D	Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests consistent with subject area accommodations 504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
E	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
H	Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting considered Student familiarity with Manipulatives required Manipulatives provided by school
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF (See guidelines)

Accommodations must be recorded on the student's answer document.

2009-2010 English Language Learner (ELL) Accommodations

(Addendum to the IEP or 504 Service Plan for English Language Learners)

Accommodations	Documentation Verification		TCAP Achievement/MAAS (Grades 3-8)	TCAP End-of-Course (EOC) / TCAP Gateway	TCAP Writing Assessment	Required Conditions for Accommodations
	IEP	504				
Q Extended Time ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time and a half per subtest OR As determined by IEP / 504 Team	EOC – Time and a half per test Or As determined by IEP / 504 Team Gateway – NOT APPLICABLE – Untimed	Time and a half or as determined by the IEP Team	ELL
R Bilingual Dictionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not allowed for Reading/Language Arts	Not Allowed for EOC English I or English II and Gateway Language Arts	Not Allowed	ELL
S Read Aloud in English Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	All subtests	All tests	All tests	ELL
T Read Aloud in English Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP – All Subtests 504 – Not allowed for Reading/Language Arts	IEP – All Subtests 504 – Not Allowed for EOC English I or English II and Gateway Language Arts	All tests	ELL

*All ELL students are eligible for Allowable Accommodations, as needed, on any TCAP Assessment. Special Accommodations are available for students with an IEP or 504 Service Plan.

**Transitional ELL students who have tested proficient on the state mandated language proficiency assessment and are in the two required years for monitoring are not entitled to ELL accommodations and should be coded only as T1/T2 on the TCAP answer document.

Note: Questions regarding required conditions for use of ELL Accommodations should be directed to the TN ESL Assessment Program Manager at 615-741-0720.

¹ If the student uses both ELL and Special Accommodations, Extended Time is determined by the IEP Team or 504 Review Committee.

UNIQUE ADAPTIVE ACCOMMODATION REQUEST FORM (UAARF)

(Special Accommodation – K)

- All requests made for Unique Adaptive Accommodations must have DOE approval prior to implementation on State assessments.
- Return form to the following address: Special Education Assessment Consultant, 1252 Foster Avenue, Hardison Building, Nashville, TN 37243
- Each item of the UAARF must be completed before the State will review for Approval. Incomplete UAARFs will be returned to the LEA.
- All UAARFs must be received by the DOE no later than **one month prior** to the TCAP Assessment(s) to which they apply.

System Name: _____ System Number: _____

School Name: _____ School Number: _____

Student Name: _____ SSN: _____ Grade: _____

Indicate the test(s)/subtest(s) on which the accommodation would be used:

End of Course (write in course on blank)	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Gateway	<input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Science
Writing Assessment	<input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 11 th
Achievement	<input type="checkbox"/> Reading/LA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> ALL
MAAS	<input type="checkbox"/> Reading/LA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> ALL

Special Accommodations currently documented for use on TCAP Assessments:

A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>	J <input type="checkbox"/>	K <input type="checkbox"/>
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Unique Adaptive Accommodation(s) Requested:

1. _____
2. _____
3. _____
4. _____

Are requested accommodations documented on the student's IEP or 504 Plan? Yes No

Are requested accommodations used consistently throughout classroom instruction and assessments? Yes No

Are requested accommodations needed for student to access the general education curriculum? Yes No

Is the student proficient in the use of the requested accommodations? Yes No

How long has student been using the requested accommodation(s) in his/her educational environment?

(List individually for each accommodation requested.)

1. _____
2. _____
3. _____

Explain how accommodations are utilized in student's educational environment. Attach additional page(s) if needed.

All appropriate signatures are required for UAARF to be considered. The Special Education Supervisor or the System 504 Coordinator should sign the UAARF as indicated (e.g., child has an IEP or a 504 Service Plan).

Parent/Guardian: _____

Classroom Teacher(s): _____

School Principal: _____

Signature System Special Education Supervisor: _____ Phone Number: _____

Signature System 504 Plan Coordinator: _____ Phone Number: _____

Signature System Testing Coordinator: _____ Phone Number: _____

Signature System Superintendent: _____ Phone Number: _____

<p>DEPARTMENT OF EDUCATION USE ONLY:</p> <p>Date received: _____ Request Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Division of Special Education: _____</p> <p>Office of Assessment, Evaluation, and Research: _____</p>	<p>COMMENTS:</p> <p>_____</p> <p>_____</p>
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