

Appendix A-1: DeSSA Accessibility Supports Form

For SAT student accommodations – Use Appendix D-1

General Student Information:

Completion Date:	
Student Name:	
Date of Birth:	
Student ID:	
District:	
School:	
Grade:	
Implementation Date:	
Assessment(s)/Content Area(s)	
Select the appropriate category:	<input type="checkbox"/> Student has an IEP/504 plan (Levels 1, 2, & 3) <input type="checkbox"/> Student is an English Learner (Levels 1 & 2) <input type="checkbox"/> Student has an IEP/504 plan AND is English Language Learner (Levels 1, 2 & 3) <input type="checkbox"/> Student is a General Education Student with identified needs (Levels 1 and 2)

*** **Print-on-Request** – For a student who does not have IEP/504, Submit a Unique Accommodation Request

✦ Not available as a checkbox in TIDE **Bold – DE accomm; DOE approval not required** **Orange – DOE approval required**

Embedded: Provided by the Test Delivery System **Non-Embedded:** Provided outside the Test Delivery System

Level 1: Universal							Level 1: Universal						
Embedded	A-2 DESC.	ELA	ELA-PT	MATH	SCI	SOC ST	Non-Embedded	A-2 DESC.	ELA	ELA-PT	MATH	SCI	SOC ST
Answer Eliminator	1	-	-	-	Y	Y	Breaks (Frequent Breaks)	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer Masking	1	-	-	-	Y	Y	English Dictionary	3	-	<input type="checkbox"/>	-	-	-
Breaks	1	Y	Y	Y	-	-	Familiar Test Administrator	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculator	1	-	-	Y	-	-	Modified Lighting	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Digital Notepad	1	Y	Y	Y	Y	Y	Refocus	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Dictionary	1	-	Y	-	-	-	Scratch/Blank/Grid Paper	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Glossary	1	Y	Y	Y	-	-	Small Group	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expandable Passages and/or items	1	Y	Y	-	-	-	Specialized Equip/ Furniture	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Five Function Calculator (Gr.8, HS)	1	-	-	-	Y	-	Specified Area/Preferential Seating	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global Notes	2	-	Y	-	-	-	Thesaurus	4	-	<input type="checkbox"/>	-	-	-
Highlighter	2	Y	Y	Y	Y	Y	Time of Day	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Keyboard Navigation	2	Y	Y	Y	Y	Y	✦ Whiteboard/Assistive Devices	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Reader	2	Y	Y	Y	Y	Y	Level 2: Designated Supports						
Magnifier	2	-	-	-	Y	Y	Embedded						
Mark for Review	2	Y	Y	Y	Y	Y	Color Contrast	4	Y	Y	Y	-	-
Math Tools	2	-	-	Y	-	-	Contrast Choice:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Notepad	2	-	-	-	Y	Y	Enhanced Mouse Pointer	4	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
Spell Check	2	Y	Y	Y	Y	Y	Enhanced Zoom	4	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
Strikethrough	2	Y	Y	Y	-	-	Select Size <input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 150 <input type="checkbox"/> 175 <input type="checkbox"/> 200						
Text-to-Speech	2	-	-	-	Y	Y	Masking	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Thesaurus	2	Y	Y	Y	-	-	Mouse Pointer	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Writing Tools	2	Y	Y	Y	Y	Y	Permissive Mode	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Zoom	3	Y	Y	Y	Y	Y	Spanish	4	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>

Level 2: Designated Supports							Level 3: Accommodations						
Embedded	A-2 DESC.	ELA	ELA-PT	MATH	SCI	SOC ST	Embedded	A-2 DESC.	ELA	ELA-PT	MATH	SCI	SOC ST
Streamline	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	American Sign Language Video	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text to Speech	5	<input type="checkbox"/>	-	-	-	-	Braille Contracted	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passage/Stimuli Items		-	<input type="checkbox"/>	<input type="checkbox"/>	-	-	Uncontracted		<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>
Translation of Key Terms	5	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>	Nemeth		-	-	<input type="checkbox"/>	-	-
Translated Test Directions	5	-	-	<input type="checkbox"/>	-	-	Braille Transcript (ELA List Passages)	8	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Translations (Glossary)	5	Y	Y	Y	-	-	Closed Captioning	8	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-
Language: _____		-	-	<input type="checkbox"/>	-	-	Emboss Request Type On-Request	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Translations (Dual Language)	5	-	-	<input type="checkbox"/>	-	-	Auto-Request		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Turn off any Universal Tools		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	N/A- not using refreshable Braille		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Non-Embedded							Emboss Request Type On-Request	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Amplification/Assist. Listening Device	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto-Request		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Bilingual Dictionary	6	-	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	N/A- not using refreshable Braille		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Color Contrast (printed)	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	Speech-to-Text	8					
Color Overlays	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Text-to-Speech w/ Graphics	8	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
EL First Year Exemption	6	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-	Text-to-Speech ELA Passages	8	<input type="checkbox"/>	-	-	-	-
Human Interpreter Native Lang	6	-	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-Embedded						
Human Read Aloud	6	<input type="checkbox"/>	-	-	-	-	100s Number Table	8	-	-	<input type="checkbox"/>	-	-
Items only							Abacus	8	-	-	<input type="checkbox"/>	-	-
Passage/Stimuli/Items		-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternate Response	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	Y
Spanish		-	-	<input type="checkbox"/>	-	-	Braille (P/P)	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnification (via external device)	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	Calculator (handheld adaptive)	9	-	-	<input type="checkbox"/>	-	-
Medical Supports	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human Interpreter – Visual Comm	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise buffers	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	Human Read Aloud – passages	9	<input type="checkbox"/>	-	-	-	-
Paper/Pencil test	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	Large Print	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribe	7	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Math Manipulatives	9	-	-	<input type="checkbox"/>	-	-
Separate Setting in school	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiplication Table	9	-	-	<input type="checkbox"/>	-	-
Separate Setting Not in School	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paper/Pencil	9	-	-	-	<input type="checkbox"/>	<input type="checkbox"/>
Simplify directions	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	***Print on Demand	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Translated Test Directions - Print	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-	Items						
Translations –Glossary – P/P	7	-	-	<input type="checkbox"/>	-	-	Passage/Stimuli		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Unique Accommodation	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scribe for SWD/ SWD/EL	10	-	<input type="checkbox"/>	-	-	-
							Scribe-Injury		Y	Y	Y	Y	Y
							Word Prediction	10	<input type="checkbox"/>	<input type="checkbox"/>	-	-	-

List below any accessibility features selected for which the student needs additional practice or preparation. (add rows as needed)
Describe what practice or preparation is needed:

Accommodation/Content	What Practice/Preparation is needed?