

**Appendix A-3: DeSSA Content Assessments DOE-Approved Accommodations Request**

Use this form to complete all the accessibility supports the student will need in order to access the general content area assessments. Fill out only the section(s) needed. For WIDA ACCESS assessments, complete Appendix C-3.

Student Name:			
Date of Birth:		Student ID:	
District:		School:	
Grade:		Admin Year:	
Select:	<input type="checkbox"/> 504 Plan <input type="checkbox"/> SWD <input type="checkbox"/> SWD/EL <input type="checkbox"/> EL <input type="checkbox"/> Gen Ed w/Supports <input type="checkbox"/> Gen Ed		
Request(s):	<input type="checkbox"/> TTS and/or HR <input type="checkbox"/> Uniq Accom(s) <input type="checkbox"/> Hum Int (ASL) <input type="checkbox"/> Hum Int (Native Language)		
Complete for Transition/Team meetings in the Spring only:	Anticipated Grade: _____	Anticipated School: _____	
<b>Both boxes below must be checked for approval to be granted.</b>			
<input type="checkbox"/> Mandated by IEP/504 Plan IEP/504 Plan Date: _____		<input type="checkbox"/> Used all year in instruction	
<b>A. TEXT-TO-SPEECH AND/OR HUMAN READER SUPPORT</b>			
<b>MUST submit Group A/B form</b>			
<b>ELA Passages</b>		<b>Text to Speech w/ Graphics for:</b>	
<input type="checkbox"/> Text to Speech (TTS) <input type="checkbox"/> Human Reader (HR)		<input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Biology	
Provide Rationale for this request:			
There is documented evidence that the student is unable to read grade level instructional materials used by other students at a sufficient rate and with adequate comprehension relative to same age peers.			<input type="checkbox"/> Yes <input type="checkbox"/> No
The student requires specialized formats and routine instructional support including TTS or HR.			<input type="checkbox"/> Yes <input type="checkbox"/> No
The student's IEP/504 Plan includes reading goal(s) and/or braille reading goal(s).			<input type="checkbox"/> Yes <input type="checkbox"/> No
The student receives Accessible Instructional Materials (AIM).			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Select the AIM Verification</b> (attach with request): <input type="checkbox"/> AIM Group A <input type="checkbox"/> AIM Group B Indicate the area(s) in the IEP where TTS or Human Reader is a documented instructional support. <input type="checkbox"/> In the Data Considerations (including "Other Factors") <input type="checkbox"/> In the Statement of Services (top of Goal Pages) <input type="checkbox"/> As a Condition to the Student's Goal(s)			
<b>B. DELAWARE'S TEMPORARY APPROVAL</b>			
<b>Unique Accommodations</b>			
<input type="checkbox"/> Braille <input type="checkbox"/> <b>Injury:</b> Scribe Needed <input type="checkbox"/> Large Print	<input type="checkbox"/> Medical Supports <input type="checkbox"/> Print on Request Exception (for Level 2/EL students)	<input type="checkbox"/> Speech-to-Text (Dictation - Embedded only) <input type="checkbox"/> Specialized <u>Electronic</u> Equipment <input type="checkbox"/> Other	
<input type="checkbox"/> Math Manipulatives (up to 3) <input type="checkbox"/> Base Ten Area Pieces <input type="checkbox"/> Bean Counters <input type="checkbox"/> Colored Tiles	<input type="checkbox"/> Geoblocks <input type="checkbox"/> Geoboards & Geobands <input type="checkbox"/> Omnifix cubes <input type="checkbox"/> Number Rack	<input type="checkbox"/> Pattern Blocks <input type="checkbox"/> Plastic 1-Gram Cubes <input type="checkbox"/> Tangrams <input type="checkbox"/> Other (provide a visual)	
* Provide a Detailed Description of Unique Accommodation/ Support:			

C. HUMAN INTERPRETER FOR NATIVE LANGUAGE OR VISUAL COMMUNICATION	
<b>Complete for English Learners</b> (Submit Appendix A-5 in addition to this request before the end of the testing window.) ELs with an ACCESS Composite PL of 3.5 or lower and a Literacy PL of 3.0 or lower	
In what language will the student receive interpretation? _____	<input type="checkbox"/> DeSSA Mathematics <input type="checkbox"/> DeSSA Science <input type="checkbox"/> DeSSA Social Studies
The student is literate in the language they will receive interpretation. <input type="checkbox"/> Yes <input type="checkbox"/> No	The student is within the first 3 years of EL eligibility. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Eligibility Date:</b> _____
Human or electronic interpretation and/or translated materials are provided to the students for instruction and/or assessment. <input type="checkbox"/> Yes <input type="checkbox"/> No	Student's Primary Language _____ Student's Secondary Language _____
Indicate how the native or primary language is used for instructional purposes. <input type="checkbox"/> Interpretation support <input type="checkbox"/> Written translation <input type="checkbox"/> Print resources <input type="checkbox"/> Electronic resources <input type="checkbox"/> Other: _____	What is the student's proficiency level in English? Provide WIDA ACCESS test scores.
<b>Complete for Deaf/Hard-of-Hearing Students</b> (Submit Appendix C-5 in addition to this request before the end of the testing window.)	
<input type="checkbox"/> DeSSA ELA Listening Portion only <input type="checkbox"/> DeSSA Mathematics	<input type="checkbox"/> DeSSA Science <input type="checkbox"/> DeSSA Social Studies
The student communicates using American Sign Language (ASL). <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, indicate the method used for communication.) <input type="checkbox"/> Signed English <input type="checkbox"/> Cued Speech Other Visual Support: _____	Human or electronic interpretation and/or translated materials are provided to the students for instruction and/or assessment. <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the area(s) in the IEP where human interpreter for the identified communication method is a documented instructional support:	<input type="checkbox"/> In the Data Considerations (including "Other Factors") <input type="checkbox"/> In the Statement of Services (top of Goal Pages) <input type="checkbox"/> As a Condition to the Student's Goal(s) <input type="checkbox"/> Other: _____

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_

Note: This documentation is to be kept in the student's file and must be given to the District Test Coordinator to submit through the DOE Help Desk. Students may not be administered these supports without written approval from DOE.