

Regular Education Teacher Input: CHECK INDIVIDUAL ACCOMMODATIONS NEEDED

The accommodations **BOLDED** on this page match the **LEAP** test accommodations on the program/services page of the IEP.

ENVIRONMENT

- | | |
|--|---|
| <input type="checkbox"/> Assign preferential seating | <input type="checkbox"/> Assign peer tutors/work buddies/notetakers |
| <input type="checkbox"/> Provide individualized instruction | <input type="checkbox"/> Provide desktop list of tasks |
| <input type="checkbox"/> Provide small group instruction | <input type="checkbox"/> Alter physical room environment |
| <input type="checkbox"/> Modify student's schedule (describe): _____ | |

INSTRUCTION/MATERIALS

- | | |
|---|---|
| <input type="checkbox"/> Modify assignments as needed (e.g., vary length, limit items) | |
| <input type="checkbox"/> Utilize oral responses to assignments/tests (answers recorded) | |
| <input type="checkbox"/> Read class materials orally to student | <input type="checkbox"/> Provide daily assignment list |
| <input type="checkbox"/> Provide study outlines/guides | <input type="checkbox"/> Provide homework lists |
| <input type="checkbox"/> Provide assistance/cues for transitions between activities | |
| <input type="checkbox"/> Provide product options for students to obtain information and demonstrate knowledge through use of: <input type="checkbox"/> alternative projects <input type="checkbox"/> interviews <input type="checkbox"/> oral reports | |
| <input type="checkbox"/> Shorten assignments | <input type="checkbox"/> Utilize large print |
| <input type="checkbox"/> Modify/repeat/model directions | <input type="checkbox"/> Utilize braille |
| <input type="checkbox"/> Utilize multi-sensory modes to reinforce instruction | <input type="checkbox"/> Utilize audio/recorded books |
| <input type="checkbox"/> Transferred answers | <input type="checkbox"/> Utilize digital formats |
| <input type="checkbox"/> Use text/workbooks/worksheets at modified reading level | |
| <input type="checkbox"/> Utilize graphic/pictorial mode materials | <input type="checkbox"/> Utilize print with magnification |
| <input type="checkbox"/> Alter format of materials on page (type/highlight/spacing) | <input type="checkbox"/> Color code material |

AIM

TIME

- | |
|---|
| <input type="checkbox"/> Increase the amount of time allowed to complete assignments and tests |
| <input type="checkbox"/> Limit amount of work required or length of tests |
| <input type="checkbox"/> Allow breaks during work periods, between tasks, during testing |
| <input type="checkbox"/> Provide assistance/cues for transitions between classes, lockers, and home |

TESTS/QUIZZES/PROJECTS

- | | | |
|---|---|---|
| <input type="checkbox"/> Prior notice of tests | <input type="checkbox"/> Rephrase test questions/directions | <input type="checkbox"/> Limited multiple choice |
| <input type="checkbox"/> Test study guide | <input type="checkbox"/> Extra time - tests | <input type="checkbox"/> Shortened tasks |
| <input type="checkbox"/> Pace long term projects | <input type="checkbox"/> Extra credit options | <input type="checkbox"/> Preview test procedures |
| <input type="checkbox"/> Extra response time | <input type="checkbox"/> Student writes on test | <input type="checkbox"/> Simplify test wording |
| <input type="checkbox"/> Objective tests | <input type="checkbox"/> Hands-on-projects | <input type="checkbox"/> Extra time - projects |
| <input type="checkbox"/> Extra time-written work | <input type="checkbox"/> Modified tests (describe): _____ | |
| <input type="checkbox"/> Tests read aloud | <input type="checkbox"/> Small group testing | <input type="checkbox"/> Transferred answers |
| <input type="checkbox"/> Individual testing | <input type="checkbox"/> Answers recorded (Scribe) | <input type="checkbox"/> Other (specify): _____ |

ASSISTIVE TECHNOLOGY

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Digital Recorders | <input type="checkbox"/> Calculators | <input type="checkbox"/> Word Processors | <input type="checkbox"/> Manipulatives |
| <input type="checkbox"/> Organizers | <input type="checkbox"/> Adapted toys/games | <input type="checkbox"/> Text-to-speech | <input type="checkbox"/> FM system |
| <input type="checkbox"/> Communication board/system | <input type="checkbox"/> Eye gaze communication system | <input type="checkbox"/> Colored reading filters | |
| <input type="checkbox"/> Adapted grips/utensils/pencils/drawing tools | <input type="checkbox"/> Voice recognition software | | |
| <input type="checkbox"/> Other AT Devices (specify): _____ | | | |

Teacher Signature: _____ Date: _____