

Teacher Tool 6: Assessment Accommodations Plan

Student Information	Case Information
Name:	Teacher:
Name of Assessment:	School Year:
Date of Assessment:	Campus:
	Current Services:

Accommodations that the student needs for this assessment and the date that the accommodations were arranged and/or documented:

Accommodations	Date Arranged/Documented
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Comments

People responsible for arranging accommodations and test dates:

Person Responsible	Test Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Comments

Room assignment for assessment: _____

Planners for this process (signatures): _____

Scheiber, B., & Talpers, J. (1985). *Campus Access for Learning Disabled Students: A Comprehensive Guide*. Pittsburgh: Association for Children and Adults with Learning Disabilities.