

Teacher Tool 3: Access Needs that May Require Accommodations

These questions can be used to identify various types of presentation, response, setting, and timing and scheduling accommodations. The list is not exhaustive—its purpose is to prompt educators to consider a wide range of accommodation needs. Use the list by indicating Y (Yes), N (No), or DK/NA (Don't Know or Not Applicable).

PRESENTATION ACCOMMODATIONS	Y	N	DK/NA
Does the student have a visual impairment that requires large-print or braille materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student able to read and understand directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student follow directions read aloud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student need directions repeated frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are assistive technology devices indicated in the student's IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been identified as having a reading disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student a struggling reader?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have a hearing impairment that requires an amplification device or an interpreter to sign directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESPONSE ACCOMMODATIONS	Y	N	DK/NA
Does the student have difficulty tracking from one page to another and maintaining his or her place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student able to record responses on the scorable document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student use a pencil or writing instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student use a computer/word processor to complete assignments or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student use a recording device to complete assignments or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student need the assistance of a scribe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have a disability that affects that student's ability to spell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student able to record mathematical computations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Tool 3 (continued): Access Needs that May Require Accommodations

SETTING ACCOMMODATIONS

Y N DK/NA

Is the student easily distracted, or does the student have difficulty remaining on task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student require any specialized equipment or other accommodations that may be distracting to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have visual or auditory impairments that require special lighting or acoustics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student focus on his or her own work in a setting with other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student exhibit behaviors that may disrupt other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any physical accommodations need to be made in the classroom for the student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIMING AND SCHEDULING ACCOMMODATIONS

Can the student work continuously for the length of time allocated for standard test administrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student use other accommodations or adaptive equipment that require more time to complete test items (e.g., braille, use of head pointer to type)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student fatigue easily due to health impairments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have a visual impairment that causes eyestrain and creates the need for frequent breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have a learning disability that affects the rate at which that student processes written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have a motor disability that affects the rate at which that student records responses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student take any medication that affects his or her performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student's attention span or distractibility require shorter working periods and frequent breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>