



## STUDENT ACCOMMODATION PLAN

The purpose of this plan is to document the reasonable accommodations the school will make to address the student's individual learning needs.

### STUDENT INFORMATION

STUDENT NAME:		NAME OF SCHOOL:	GRADE LEVEL:
STUDENT ADDRESS:		CITY:	
PARENT/GUARDIAN:		PHONE:	

### INFORMATION SUPPORTING ACCOMMODATIONS

Parents must provide current, accurate information regarding the student's need to assist schools in determining whether accommodations are possible. Check the evaluations or assessments provided by the parents to support the student's need for accommodations, and give date of assessment or evaluation.

- ☐ Medical Evaluation – Dated: \_\_\_\_\_
- ☐ Psycho-educational Evaluation – Dated: \_\_\_\_\_
- ☐ Speech and Language Evaluation – Dated: \_\_\_\_\_
- ☐ English Language Assessment as Identified under Title III – Dated: \_\_\_\_\_
- ☐ Other Professional Assessment – Specify: \_\_\_\_\_

SCHOOL EVALUATIONS/ASSESSMENTS REVIEWED:

STANDARDIZED TESTING RESULTS:

PAST SCHOOLS ATTENDED BY THIS STUDENT:

History of any of the following:

- ☐ Retention
- ☐ Truancy
- ☐ Disciplinary Action

PLEASE EXPLAIN HISTORY OF ANY AREA CHECKED ABOVE:

<b>OTHER PERTINENT FAMILY OR HEALTH HISTORY:</b>

## ACCOMMODATIONS

The school has agreed to make the following accommodations to address the student's individual needs by offering the following plan as marked. Unless otherwise indicated, all accommodations are to be made in all subject areas and by all teachers.

### ENVIRONMENT

- ☐ Preferred Seating in distraction-free area
- ☐ Stand near student when giving directions or presenting lessons.
- ☐ Seat student near peer helper
- ☐ Create a nonthreatening environment. (i.e.: use of softer voice/tone)
- ☐ Prepare students for change in routine.
- ☐ Other: \_\_\_\_\_

### LESSON PRESENTATION

- ☐ Provide written outline/notes before lesson.
- ☐ Provide study guides/graphic organizers at the beginning of each unit/chapter.
- ☐ Write key points on board.
- ☐ Incorporate a variety of activities.
- ☐ Give written and verbal instructions.
- ☐ Conduct oral reviews, have student repeat directions
- ☐ Provide peer coaching.
- ☐ Use multi-media/electronic devices
- ☐ Allow breaks during class.
- ☐ Allow learners to tape-record class.
- ☐ Follow consistent, published schedule.
- ☐ Other: \_\_\_\_\_

### ASSIGNMENTS

- ☐ Reduce/adjust homework.
- ☐ Allow extra time for task completion.
- ☐ Divide work into shorter segments.
- ☐ Simplify complex directions.
- ☐ Schedule shorter work periods.
- ☐ Hand out worksheets one at a time.
- ☐ Provide review of assignments before completion.
- ☐ Allow tape recording of assignments.
- ☐ Avoid handwritten assignments, allow word processing
- ☐ Other: \_\_\_\_\_

### ASSESSMENTS

- ☐ Allow extra time to complete.
- ☐ Give written information on test content.
- ☐ Allow learner to take test in quiet place to reduce distractions.
- ☐ Give practice quizzes before tests.
- ☐ Use typewritten tests, not handwritten.
- ☐ Give oral exams whenever possible.
- ☐ Other: \_\_\_\_\_

#### ORGANIZATIONAL PLANNING

- ☐ Provide organizational-skill training.
- ☐ Provide task-management assistance.
- ☐ Provide time-management training.
- ☐ Teach how to scan for key points.
- ☐ Provide daily assistance in use of planner.
- ☐ Assign volunteer homework partner.
- ☐ Give daily and weekly progress reports.
- ☐ Support formation of study groups.
- ☐ Incorporate mnemonic strategies.
- ☐ Provide consistent coaching.
- ☐ Other: \_\_\_\_\_

#### EDUCATOR BEHAVIORS AND ATTITUDES

- ☐ Provide immediate praise for achievements publicly.
- ☐ Recognize efforts that learners make.
- ☐ Develop a set of cues for students to remain on task.
- ☐ Match teaching methods with student's learning style.
- ☐ Give needed reprimands privately.
- ☐ Accept lesser-quality handwriting.
- ☐ Accept the characteristics of the learner's disorder, disability, or handicap.
- ☐ Maintain flexibility.
- ☐ Contract with learner.
- ☐ Avoid sarcasm and criticism.
- ☐ Other: \_\_\_\_\_

INDICATE HOW THE SUCCESS OF THE ABOVE ACCOMMODATIONS WILL BE MEASURED. HOW WILL ALL PARTIES KNOW THAT THE ABOVE ACCOMMODATION ARE WORKING AND HELPING THE STUDENT TO SUCCEED?

<b>PARENT SIGNATURE:</b>	<b>DATE:</b>
<b>PRINCIPAL SIGNATURE:</b>	<b>DATE:</b>
<b>TEACHER SIGNATURE:</b>	<b>DATE:</b>
<b>THIS PLAN WILL BE REVIEWED ON:</b>	

By entering my full name, I attest that this constitutes my legal electronic signature on this form.