
Sample Forms

for the Documentation of Accommodations for Students with Disabilities

Share with Pam

Received from Texas Assessment
Pre-Conference Workshop

***“Bring It On—Not-So-New
Coordinators Face STAAR”***

12/5/11

Presented by:

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Student Name: _____

STAAR

Grade 3 4 5 6 7 8 9 ~~10~~ ~~11~~ ~~12~~

Signature of Person Compiling Materials for Testing Envelope: _____

Signature ensures student's IEP, IAP, or other documentation reflects approval of items compiled for testing.

Manipulating the Test	Type 1	Math
<input type="checkbox"/> Turning the booklet pages	<input type="checkbox"/> Projection devices	Test Assignment _____
<input type="checkbox"/> Positioning the ruler	<input type="checkbox"/> Amplification devices	<input type="checkbox"/> Calculator
<input type="checkbox"/> Using mouse to navigate online assessment	Science	Manipulatives
<input type="checkbox"/> Operating technology	Test Assignment	<input type="checkbox"/> Real or Play Money
Reading/ELA	<input type="checkbox"/> Colored Overlay	<input type="checkbox"/> Clock
Test Assignment: _____	<input type="checkbox"/> Place Marker	<input type="checkbox"/> Base-ten Blocks
<input type="checkbox"/> Standard dictionary (grades 3-5)	Approved Supplemental Aids	<input type="checkbox"/> Counters
<input type="checkbox"/> Colored Overlay	<input type="checkbox"/> Mnemonic Device	<input type="checkbox"/> Fraction Pieces
<input type="checkbox"/> Place Marker	<input type="checkbox"/> Graphics of Scientific Concepts	<input type="checkbox"/> Geometric Figures (non-labeled)
<input type="checkbox"/> Approved Supplemental Aids	<input type="checkbox"/> Blank Graphic Organizer	<input type="checkbox"/> Algebra Tiles
<input type="checkbox"/> Mnemonic Device	<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Colored Overlay
<input type="checkbox"/> Blank Graphic Organizer	Social Studies	<input type="checkbox"/> Place Marker
<input type="checkbox"/> Other: (specify) _____	Test Assignment	<input type="checkbox"/> Other: (specify) _____
Writing/ELA	<input type="checkbox"/> Colored Overlay	Approved Supplemental Aids
Test Assignment:	<input type="checkbox"/> Place Marker	<input type="checkbox"/> Mnemonic Device
<input type="checkbox"/> Colored Overlay	<input type="checkbox"/> Approved Supplemental Aids	<input type="checkbox"/> Addition Chart
<input type="checkbox"/> Place Marker	<input type="checkbox"/> Mnemonic Device	<input type="checkbox"/> Multiplication Chart
Approved Supplemental Aids	<input type="checkbox"/> Blank Map	<input type="checkbox"/> 100 Chart
<input type="checkbox"/> Mnemonic Device	<input type="checkbox"/> Blank Timeline (only dates included)	<input type="checkbox"/> Place Value Chart
<input type="checkbox"/> Grammar Rules	<input type="checkbox"/> Blank Graphic Organizer	<input type="checkbox"/> Pictorial Models (real or play money, clocks, base-ten blocks, counters, algebra tiles)
<input type="checkbox"/> Blank Graphic Organizer		<input type="checkbox"/> Pictorial models of fraction bars/circles
<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Pictorial models of 2- or 3- dimensional figures
		<input type="checkbox"/> Blank Graphic Organizer

Student Name: _____

TAKS

Grade

10 11 12

Signature of Person Compiling Materials for Testing Envelope: _____

Signature ensures student's IEP, IAP, or other documentation reflects approval of items compiled for testing.

Math		Reading/ELA
Test Assignment: _____		Test Assignment: _____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Approved Supplemental Aids	<input type="checkbox"/> Standard Dictionary
<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Mnemonic Device	<input type="checkbox"/> Colored Overlay
<input type="checkbox"/> Real or Play Money	<input type="checkbox"/> Addition Chart	<input type="checkbox"/> Place Marker
<input type="checkbox"/> Clock	<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Approved Supplemental Aids
<input type="checkbox"/> Base-ten Blocks	<input type="checkbox"/> Number Line	<input type="checkbox"/> Mnemonic Device
<input type="checkbox"/> Counters	<input type="checkbox"/> 100 Chart	<input type="checkbox"/> Checklist
<input type="checkbox"/> Fraction Pieces	<input type="checkbox"/> List of Operation Key Words	<input type="checkbox"/> Blank Graphic Organizer
<input type="checkbox"/> Geometric Figures (non-labeled)	<input type="checkbox"/> Place Value Chart	<input type="checkbox"/> Other: (specify) _____
<input type="checkbox"/> Algebra Tiles	<input type="checkbox"/> Pictorial Models (real or play money, clocks, base-ten blocks, counters, algebra tiles)	Writing/ELA
<input type="checkbox"/> Colored Overlay	<input type="checkbox"/> Pictorial models of fraction bars/circles	Test Assignment: _____
<input type="checkbox"/> Place Marker	<input type="checkbox"/> Pictorial models of 2- or 3-dimensional figures	<input type="checkbox"/> Standard Dictionary
<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Other Pictorial Model	<input type="checkbox"/> Colored Overlay
	<input type="checkbox"/> Blank Graphic Organ	<input type="checkbox"/> Place Marker
	<input type="checkbox"/> Standard Dictionary	<input type="checkbox"/> Approved Supplemental Aids
Science	Social Studies	<input type="checkbox"/> Mnemonic Device
Test Assignment: _____	Test Assignment: _____	<input type="checkbox"/> Checklist
<input type="checkbox"/> Colored Overlay	<input type="checkbox"/> Colored Overlay	<input type="checkbox"/> Grammar Rules
<input type="checkbox"/> Place Marker	<input type="checkbox"/> Place Marker	<input type="checkbox"/> Grade-appropriate Vocabulary
<input type="checkbox"/> Approved Supplemental Aids	<input type="checkbox"/> Approved Supplemental Aids	<input type="checkbox"/> Blank Graphic Organizer
<input type="checkbox"/> Mnemonic Device	<input type="checkbox"/> Mnemonic Device	<input type="checkbox"/> Other: (specify) _____
<input type="checkbox"/> Graphics	<input type="checkbox"/> Blank Map	
<input type="checkbox"/> Addition Chart	<input type="checkbox"/> Blank Timeline (only dates included)	
<input type="checkbox"/> Multiplication Chart	<input type="checkbox"/> Skills Checklist	
<input type="checkbox"/> Blank Graphic Organizer	<input type="checkbox"/> Blank Graphic Organizer	
<input type="checkbox"/> Standard Dictionary	<input type="checkbox"/> Standard Dictionary	
<input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Other: (specify) _____	

Student Name: _____ Grade: 3 4 5 6 7 8 9
 Signature of Person Compiling Materials for Envelope: _____ Date Submitted: _____ 3 wks. prior to testing
 Signature ensures that student's IEP, IAP, or other documentation, such as Rtl paperwork, reflects approval of items compiled for testing.

OPTIONAL TESTING PROCEDURES

Reading Test Aloud to Self Minimize Distractions (n/c) STAAR E or S STAAR M STAAR M

Preferential Seating (n/c) Magnifying Device STAAR E or S STAAR M

Signed or Translated Test Admin. Directions Overlay Color: STAAR E or S STAAR M

Math ACCOMMODATIONS	Reading ACCOMMODATIONS	Science ACCOMMODATIONS	Social Studies ACCOMMODATIONS
Test: <input type="checkbox"/> STAAR E or S <input type="checkbox"/> STAAR M <input type="checkbox"/> Individual Administration <input type="checkbox"/> Small Group Administration <input type="checkbox"/> Calculation Device (Grades 3-8) <input type="checkbox"/> Oral Administration Q & A <input type="checkbox"/> All Test Q & A <input type="checkbox"/> Parts of Test Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Math Manipulatives <input type="checkbox"/> Real or play money <input type="checkbox"/> Clocks <input type="checkbox"/> Base-10 blocks <input type="checkbox"/> Counters <input type="checkbox"/> Algebra tiles <input type="checkbox"/> Fraction pieces <input type="checkbox"/> Geometric figures <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Addition chart <input type="checkbox"/> Multiplication chart <input type="checkbox"/> 100 chart <input type="checkbox"/> Place value chart <input type="checkbox"/> Pictorial models fraction bars or circles <input type="checkbox"/> Pictorial models of 1-, 2-, 3-dimensional geometric figures <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Transcribing <input type="checkbox"/> Extra Time <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device <input type="checkbox"/> Photocopy (ARF required) <input type="checkbox"/> Extra Day (ARF required)	Test: <input type="checkbox"/> STAAR E or S <input type="checkbox"/> STAAR M <input type="checkbox"/> Individual Administration <input type="checkbox"/> Small Group Administration <input type="checkbox"/> Dictionary (Grades 3-5) <input type="checkbox"/> Oral Administration Q & A <input type="checkbox"/> All Test Q & A <input type="checkbox"/> Parts of Test Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Extra Time <input type="checkbox"/> Transcribing <input type="checkbox"/> Spelling Assistance (Eng. I, II, III) <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device <input type="checkbox"/> Photocopy (ARF required) <input type="checkbox"/> Extra Day (ARF required) Writing ACCOMMODATIONS Test: <input type="checkbox"/> STAAR E or S <input type="checkbox"/> STAAR M <input type="checkbox"/> Individual Administration <input type="checkbox"/> Small Group Administration <input type="checkbox"/> Oral/Signed Administration <input type="checkbox"/> Writing Prompt <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Grammar and mechanics rules <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Extra Time <input type="checkbox"/> Transcribing <input type="checkbox"/> Spelling Assistance <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device <input type="checkbox"/> Photocopy (ARF required) <input type="checkbox"/> Extra Day (ARF required)	Test: <input type="checkbox"/> STAAR E or S <input type="checkbox"/> STAAR M <input type="checkbox"/> Individual Administration <input type="checkbox"/> Small Group Administration <input type="checkbox"/> Calculation Device (Grades 5-8) <input type="checkbox"/> Oral Administration Q & A <input type="checkbox"/> All Test Q & A <input type="checkbox"/> Parts of Test Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Graphics of scientific concepts <input type="checkbox"/> Formula triangles <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Extra Time <input type="checkbox"/> Transcribing <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device <input type="checkbox"/> Photocopy (ARF required) <input type="checkbox"/> Extra Day (ARF required)	Test: <input type="checkbox"/> STAAR E or S <input type="checkbox"/> STAAR M <input type="checkbox"/> Individual Administration <input type="checkbox"/> Small Group Administration <input type="checkbox"/> Oral Administration Q & A <input type="checkbox"/> All Test Q & A <input type="checkbox"/> Parts of Test Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Blank maps <input type="checkbox"/> Timelines <input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Extra Time <input type="checkbox"/> Transcribing <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device <input type="checkbox"/> Photocopy (ARF required) <input type="checkbox"/> Extra Day (ARF required)

ELL ONLY	R	M	S	SS	W
Standard Dictionary					
Bilingual Dictionary					
ESL Dictionary					
Extra Time	XT	XT	XT	XT	XT
Clarification in English	CS				CP
Clarification in English (L and M ONLY)	CS	CE	CE	CE	CP
Text Read Aloud (L and M ONLY)					
Oral Translation (M ONLY)	OT	OT	OT	OT	OT
Test Items / Words in Selections Read Aloud (M ONLY)	RA				RA
Bilingual Glossary of Terms (M ONLY)					

List of STAAR Accommodations

Proposed Screen
11/30/11

(X=Not Applicable)

(Subject includes pull-down menu designating test version)

Order	Accommodation	Read	ELA	Write	Math	Science	SS	Type
1	Preferential Seating							OTAP
2	Signing Test Administration Directions							OTAP
3	Translating Test Administration Directions							OTAP
4	Reading Test Aloud to Self							OTAP
5	Scratch Paper or Other Workspace							OTAP
6	Reading Assistance on the Grade 3 Mathematics Test	X	X	X		X	X	OTAP
7	Procedures to Minimize Distractions							OTAP
8	Colored Overlays							OTAP
9	Magnifying Devices							OTAP
10	Blank Place Markers							OTAP
11	Highlighters or Colored Pencils							OTAP
12	Individual Administration							Type 1
13	Small-Group Administration							Type 1
14	Projection Devices: Document Camera							Type 1
15	Projection Devices: Closed Circuit Television (CCTV)							Type 1
16	Projection Devices: Other							Type 1
17	Amplification Devices: Speakers							Type 1
18	Amplification Devices: Frequency-modulated (FM) System							Type 1
19	Transcribing by Test Administrator (FURTHER DETAIL FROM TEA PENDING)							Type 2
20	Manipulating Test Materials: Turning Test Booklet Pages							Type 2
21	Manipulating Test Materials: Positioning the Ruler							Type 2
22	Manipulating Test Materials: Using the Mouse to Navigate an Online Administration							Type 2
23	Manipulating Test Materials: Operating Technology							Type 2
24	Manipulating Test Materials: Other							Type 2
25	Oral/Signed Administration: Read Parts of the Test Questions and/or Answer Choices at Student Request							Type 2
26	Oral/Signed Administration: Read All Test Questions and Answer Choices Throughout the Test							Type 2
27	Spelling Assistance (FURTHER DETAIL FROM TEA PENDING)							Type 2
28	Math Manipulatives: Real or Play Money (both head and tails)	X	X	X		X	X	Type 2
29	Math Manipulatives: Clocks (with or without numbers shown on clock face)	X	X	X		X	X	Type 2
30	Math Manipulatives: Base Ten Blocks	X	X	X		X	X	Type 2
31	Math Manipulatives: Various Types of Counters (e.g., two-sided chips, blocks, beans)	X	X	X		X	X	Type 2
32	Math Manipulatives: Algebra Tiles	X	X	X		X	X	Type 2
33	Math Manipulatives: Fraction Pieces	X	X	X		X	X	Type 2
34	Math Manipulatives: Geometric Figures	X	X	X		X	X	Type 2
35	Calculation Devices: Four-function Calculator	X	X	X			X	Type 2
36	Calculation Devices: Scientific Calculator	X	X	X			X	Type 2
37	Calculation Devices: Graphing Calculator	X	X	X			X	Type 2
38	Calculation Devices: Large-key Calculator	X	X	X			X	Type 2
39	Calculation Devices: Abacus or Cranmer Modified Abacus	X	X	X			X	Type 2
40	Calculation Devices: Audio-graphing Calculator	X	X	X			X	Type 2
41	Calculation Devices: Speech-output Calculator	X	X	X			X	Type 2
42	Supplemental Aids: Mnemonic Devices							Type 2
43	Supplemental Aids: Blank Graphic Organizers							Type 2
44	Supplemental Aids: Math Charts	X	X	X		X	X	Type 2
45	Supplemental Aids: Graphics & Pictorial Models	X	X	X		X	X	Type 2
46	Supplemental Aids: Grammar & Mechanics Rules	X			X	X	X	Type 2

Student Name: _____ Local ID: _____ Grade: _____

	Test Assignment based on Eligibility				
	R	M	S	SS	W
STAAR in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAAR in Spanish (3-5 ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
STAAR L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAAR Modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operational Testing Procedures					
	R	M	S	SS	W
Preferential Seating (n/c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed or Translated Test Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Test Aloud to Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scratch Paper or Other Workspace (n/c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimize Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colored Overlay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnifying Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blank Place Marker (n/c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highlighter/ Colored Pencil (n/c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

n/c: no committee determination, request per teacher or content area

STAAR ENGLISH Accommodations					
	R	M	S	SS	W
Standard Dictionary	<input type="checkbox"/>				<input type="checkbox"/>
Bilingual Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESL Dictionary	<input type="checkbox"/>				<input type="checkbox"/>
Extra Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarification in English	<input type="checkbox"/>				<input type="checkbox"/>
	Open-Ended Reading Questions				Words in Prompt
Individual Admin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAAR L Accommodations			
	M	S	SS
Clarification in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text Read Aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Admin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAAR MODIFIED Accommodations					
	R	M	S	SS	W
Clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text Read Aloud		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test items and words in selections read aloud	<input type="checkbox"/>				<input type="checkbox"/>
Bilingual Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESL Dictionary	<input type="checkbox"/>				<input type="checkbox"/>
Standard Dictionary	<input type="checkbox"/>				<input type="checkbox"/>
Bilingual Glossary of Terms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extra Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Admin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LPAC Coordinator Signature

Date