

**Instructions:** Complete the form for students with a 504 disability requiring accommodation(s):

- Accommodation(s) does not change the construct being measured by the test
- Student receives the accommodation(s) in the classroom on a regular basis
- Accommodation(s) must be entered at the local level and be reflected in SIS
- Please refer to the [Accommodations and Accessibility Manual](#) for LEAP 2025 and EOC guidance on the use of appropriate accommodations, access for all features, and accessibility features.

**Local Educational Agency (LEA):** \_\_\_\_\_

STUDENT				
<b>Last Name:</b>	<b>First Name:</b>	<b>10 Digit LA Secure I.D.:</b>	<b>DOB:</b>	<b>Grade:</b>
<b>School:</b>		<b>504 Chairperson:</b>		
<b>Meeting Date:</b>		<b>Date of Most Recent Section 504 Evaluation (within 3 years):</b>		
<b>Triennial Review Due Date:</b>				
<b>First Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____				

**PART A. SECTION 504 DISABILITY** (Check all that apply): Identified impairment that substantially limits one or more major life activities: (More than one source of supporting data needed. Attach any additional information.)

ACADEMIC/LEARNING CHARACTERISTICS OF	
Documentation of evidence-based intervention(s) should be provided.	
<input type="checkbox"/> <b>01 DYSLEXIA (<i>Bulletin 1903</i>)</b> <input type="checkbox"/> <b>02 DYSGRAPHIA</b>	<input type="checkbox"/> <b>04 OTHER ACADEMIC/LEARNING DISABILITY</b> (Select all that apply): <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Other If other, specify: _____

Cite evidence used in identification process. Attach any additional information.

SOCIAL/EMOTIONAL CHARACTERISTICS OF	
Multiple sources of documentation of characteristics required.	
<input type="checkbox"/> <b>03 ADD/ADHD</b> <input type="checkbox"/> <b>05 BEHAVIOR DISORDER</b> <input type="checkbox"/> <b>06 OPPOSITIONAL DEFIANT DISORDER</b> <input type="checkbox"/> <b>07 ANXIETY DISORDER</b>	<input type="checkbox"/> <b>26 DISRUPTIVE MOOD DYSREGULATION DISORDER</b> <input type="checkbox"/> <b>08 BIPOLAR DISORDER</b> <input type="checkbox"/> <b>09 AUTISM SPECTRUM DISORDER (ASD)</b> <input type="checkbox"/> <b>24 OTHER (none of the above applies)</b> (Specify): _____

Cite evidence used in identification process. Attach any additional information.

MEDICAL	
Evidence of diagnosis by authorized provider required.	
<input type="checkbox"/> <b>10 DIABETES/HYPOGLYCEMIA/OTHER RELATED DISORDER</b> <input type="checkbox"/> <b>11 SEVERE ASTHMA OR OTHER RESPIRATORY CONDITION</b> <input type="checkbox"/> <b>12 SEVERE ALLERGIES OR ANAPHYLAXIS</b> <input type="checkbox"/> <b>13 CHRONIC FATIGUE SYNDROME</b> <input type="checkbox"/> <b>14 MIGRAINE HEADACHES</b> <input type="checkbox"/> <b>15 BROKEN</b> (expected 6+ months duration) <b>OR MISSING BODY PART</b> <input type="checkbox"/> <b>16 EYE ABNORMALITY/VISION IMPAIRMENT</b> <input type="checkbox"/> <b>17 EAR ABNORMALITY/HEARING IMPAIRMENT</b>	<input type="checkbox"/> <b>18 DIGESTIVE OR EATING DISORDER</b> <input type="checkbox"/> <b>19 BLADDER DISORDER</b> <input type="checkbox"/> <b>20 NEUROLOGICAL DISORDER</b> <input type="checkbox"/> <b>21 CIRCULATORY/ENDOCRINE DISORDER</b> <input type="checkbox"/> <b>22 OTHER SYNDROME OR RARE DISEASE</b> (Specify): _____ <input type="checkbox"/> <b>23 DRUG OR SUBSTANCE ABUSE RELATED</b> <input type="checkbox"/> <b>25 OTHER (none of the above applies)</b> If other, specify: _____

Specify all supporting data considered including doctor's name, diagnosis, and date of diagnosis as well as any other information used in the eligibility determination process. Attach any additional information.

DOCUMENTATION	
(27) Behavior Management/Intervention Plan is attached (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Additional Supporting Data:
(28) Medical Plan/IHP is attached (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	
(29) Other relevant documents are attached (if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Local Educational Agency (LEA): \_\_\_\_\_

**STUDENT**

Last Name:	First Name:	10 Digit LA Secure I.D.:	School:
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**CLASSROOM ACCOMMODATIONS AND MODIFICATIONS**

\*Below are accommodations and modifications that can be utilized within the classroom, classroom tests, and district assessments. These should be aligned to the accommodations for state assessments in Part I to the extent possible.

☐ None. If no accommodations are necessary, go directly to Part J.

**PART B. AREA(S) WHERE IAP IS NEEDED:** *(Teachers responsible for the subjects checked must receive a copy of this IAP.)*

- |                                  |                                    |   |   |   |  |
|----------------------------------|------------------------------------|---|---|---|--|
| <input type="checkbox"/> Math    | <input type="checkbox"/> Art/Music | <input type="checkbox"/> Computer Lab       | <input type="checkbox"/> Vocational Electives | <input type="checkbox"/> English        | <input type="checkbox"/> Field Trips     |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Spelling  | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Library              | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Gifted/Talented |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Science   | <input type="checkbox"/> Health             | <input type="checkbox"/> Other: _____         |   |  |

Specify the rationale for accommodations for the indicated setting(s), including the data used to make the determination. Attach any additional information.

*The listed accommodations must be appropriate and must not subvert the purpose of the test.  
The District 504 Coordinator should be consulted for appropriateness of other accommodations not listed below.*

**PART C. ACCOMMODATIONS FOR SETTING**

- |  |   |
|--|---|
| <input type="checkbox"/> (01) Assign preferential seating  | <input type="checkbox"/> (09) Change location to increase physical access           |
| <input type="checkbox"/> (08) Post or provide visual cues and/or markers   | <input type="checkbox"/> (11) Stand near student when giving directions/redirection |
| <input type="checkbox"/> (13) Instruction: <input type="checkbox"/> Individual, <input type="checkbox"/> Small Group, or | <input type="checkbox"/> (07) Other   |
| <input type="checkbox"/> Other, specify: _____   | Specify reason: _____   |

**PART D. ACCOMMODATIONS FOR PRESENTATION/RESPONSE**

- |  |  |
|--|--|
| <input type="checkbox"/> (01) Use graphic organizers as teaching/learning tools            | <input type="checkbox"/> (21) Do not count off for spelling when grading content           |
| <input type="checkbox"/> (03) Use teacher-initiated signal to redirect attention           | <input type="checkbox"/> (23) Computer-assisted instruction                                |
| <input type="checkbox"/> (05) Break tasks and procedures into sequential steps             | <input type="checkbox"/> (25) Alter format of materials on page (e.g., font/spacing/color) |
| <input type="checkbox"/> (08) Modify assignments (e.g. vary length, limit number of items) | <input type="checkbox"/> (15) Use virtual/multisensory modes to reinforce instruction      |
| <input type="checkbox"/> (09) Color code material  | <input type="checkbox"/> (36) Monitor assignments daily                                    |
- ☐ (37) Provide study assistance (Select all that apply): ☐ Peer notes ☐ Photocopies of teachers notes ☐ Study guide ☐ Other  
If other, specify: \_\_\_\_\_
- ☐ (38) Assign (Select all that apply): ☐ Notetaker ☐ Peer tutor ☐ Scribe ☐ Work buddies ☐ Other  
If other, specify: \_\_\_\_\_
- ☐ (12) Provide options for student to obtain information and demonstrate knowledge through use of (Select all that apply):  
☐ Alternate project ☐ Interviews ☐ Oral reports ☐ Dramatization ☐ Multiple choice items ☐ Essay responses ☐ Other  
If other, specify: \_\_\_\_\_
- ☐ (13) Appropriate format for instructional/supplemental materials (e.g. audio, digital, large print) (Specify): \_\_\_\_\_
- ☐ (14) Other (Specify): \_\_\_\_\_

**PART E. ACCOMMODATIONS FOR TIME DEMANDS**

- ☐ (01) Extended Time (Select all that apply): ☐ Classroom ☐ Homework ☐ Projects  
If other, specify: \_\_\_\_\_
- |   |   |
|---|---|
| <input type="checkbox"/> (02) Provide timelines for completing tasks in chunks  | <input type="checkbox"/> (05) Provide assistance for transitions (Specify): _____ |
| <input type="checkbox"/> (03) Allow breaks during work periods or between tasks | <input type="checkbox"/> (09) Other (Specify): _____                              |

Local Educational Agency (LEA): \_\_\_\_\_

**STUDENT**

Last Name:	First Name:	10 Digit LA Secure I.D.:	School:
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**PART F. ACCOMMODATIONS/PROVISIONS FOR BEHAVIOR CONCERNS**

- ☐ (02) Establish procedures and routines to help complete activities
- ☐ (04) Determine reason for behavior and teach replacement skills
- ☐ (05) Visits with counselor or other service personnel
- ☐ (06) Develop, implement, and monitor a structured behavior intervention plan (BIP) Note: Required for students who exhibit recurrent problematic behavior and/or have repeated suspensions. (*Behavior Intervention Plan attached*)
- ☐ (07) Minimize triggers (Specify): \_\_\_\_\_
- ☐ (08) Other (Specify): \_\_\_\_\_
- ☐ (09) Tiered Positive Behavior Support Program
- ☐ (12) Structured social skills training/formal instruction

**PART G. ASSISTIVE TECHNOLOGY**

- ☐ (01) Manipulatives
- ☐ (02) Organizers
- ☐ (03) Highlighters/Markers
- ☐ (24) Text to Speech Program
- ☐ (06) Digital/Electronic Books
- ☐ (25) Speech to Text
- ☐ (11) Calculators (*Only available if a math-related disability is documented*)
- Specify the math-related disability AND ALL data used to determine the appropriateness of the accommodation. Attach any additional information.
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ (08) Digital Recorder
- ☐ (09) Colored reading filters/overlays
- ☐ (10) Adapted grips, pencils, utensils, other tools (Circle)
- ☐ (12) Electronic Scribe/Recorder
- ☐ (13) FM System

- ☐ (07) Word Processor with certain features (Select all that apply): ☐ Talking spell checker ☐ Grammar checker ☐ Word prediction ☐ Other
- If other, specify: \_\_\_\_\_

- ☐ (26) Other (Specify the technology needed and identify all of the data used to make this determination. Attach any additional information.)
- \_\_\_\_\_
- \_\_\_\_\_

**PART H. CLASSROOM ACCOMMODATIONS FOR TESTS/QUIZZES**

(00) Accommodations are needed at this time. ☐ Yes ☐ No (If no, proceed to Parts J and K)

(00) Altered testing format is required at this time. ☐ Yes ☐ No (If yes, specify below)

Altered testing format needed: \_\_\_\_\_ Reason for altered format: \_\_\_\_\_

- ☐ (01) Prior notice of tests
- ☐ (12) Shortened tests
- ☐ (10) Allow student to write on tests
- ☐ (02) Increased time for written projects:
- If other, specify: \_\_\_\_\_
- ☐ (05) Modified test format
- ☐ (27) Small Group Testing
- ☐ (08) Alternate options for demonstrating learning
- ☐ (28) Individual Testing
- ☐ (09) Increased time for completion:
- If other, specify: \_\_\_\_\_

*I understand that the selected accommodations must be appropriate and must not subvert the purpose of the test. I have consulted with the District 504 Coordinator for the appropriateness of other accommodations not listed above.*

Specify modified test format recommended: \_\_\_\_\_

- ☐ (15) Tests read aloud (*Only available if a reading-related disability is indicated and the student is reading significantly below grade level.*)

**Note:** The required read aloud criteria are only needed for ELA. Refer to the [Accommodations and Accessibility Manual](#) criteria for use on state assessments in order to ensure alignment.

Specify the reading-related disability and all data considered when making the decision to provide this accommodation. Attach any additional information.

\_\_\_\_\_

\_\_\_\_\_

Specify reading discrepancy:

If other, specify degree of deficit: \_\_\_\_\_

**PART I. STATEWIDE ASSESSMENT ACCOMMODATIONS** (As aligned with above accommodations and disability)

\*The accommodations below must be aligned to the practices within the classroom and must be in place 30 calendar days before the assessment. If a student needs an accommodation that is not noted below, a Unique Accommodation Request must be submitted to the LDOE for approval.

**CHECK ASSESSMENTS TO BE TAKEN WITHIN ONE YEAR:**

<input type="checkbox"/> (01) Grades 3-8 State Assessments	<input type="checkbox"/> (02) LEAP 2025/EOC (Select all that apply): <input type="checkbox"/> English I, <input type="checkbox"/> English II, <input type="checkbox"/> English III, <input type="checkbox"/> Algebra I, <input type="checkbox"/> Geometry, <input type="checkbox"/> Biology, <input type="checkbox"/> US History	<input type="checkbox"/> (03) ELPT
<input type="checkbox"/> (00) None (Student does not need standardized testing accommodations or has completed all required testing)		

**Note:** Standardized tests, other than state tests, may have other stipulations for accommodations. Please check with your DTC to access the specific accommodations criteria for each test.

Accommodations such as those listed in Sections C through H enhance academic performance for many students. However, Section 504 accommodations are required for students with a learning, behavior, or health-related condition that significantly reduces the student's ability to obtain a Free Appropriate Public Education.

Section 504 accommodations should be noted on this IAP only if they are consistently needed to provide this student equal access to educational opportunities or to allow the student to learn and demonstrate learning despite his/her disability.

Students may receive standardized testing accommodations listed below if those accommodations are routinely received during the instructional period. Unique accommodations not specifically listed require approval using the unique accommodation approval form.

Unique accommodations require additional documentation and LDOE approval 30 calendar days prior to state assessments.

PAPER			
Grades 3-4: Math	Grades 3-4: ELA	Grades 3-4: Social Studies	Grades 3-4: Science
<b>PRESENTATION ACCOMMODATIONS</b>			
<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud
<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Kurzweil
<input type="checkbox"/> Recorded voice file	<input type="checkbox"/> Recorded voice file	<input type="checkbox"/> Recorded voice file	<input type="checkbox"/> Recorded voice file
<b>COMMUNICATION ASSISTANCE</b>			
<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System
<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification
<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)
<b>OTHER PRESENTATION ACCOMMODATIONS</b>			
Directions Clarified, Highlighting Tool, Headphones, Noise Buffers, Redirect to the Test, and Extra White Paper are available to all students.			
<input type="checkbox"/> Large Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Large Print	<input type="checkbox"/> Large Print
<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device
<input type="checkbox"/> Color Overlay	<input type="checkbox"/> Color Overlay	<input type="checkbox"/> Color Overlay	<input type="checkbox"/> Color Overlay
<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics

ONLINE				
Grades 3-8: Math	Grades 3-8: ELA	Grades 3-8: Social Studies	Grades 3-8: Science	LEAP 2025/EOC
<b>PRESENTATION ACCOMMODATIONS</b>				
<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Text-to-Speech (Except Reading Comprehension sections on the Eng III EOC)
<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud	<input type="checkbox"/> Human Read Aloud (Except Reading Comprehension sections on the Eng III EOC)
<b>COMMUNICATION ASSISTANCE</b>				
<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System	<input type="checkbox"/> FM System
<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device	<input type="checkbox"/> Hearing Device
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Interpreter
<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification
<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor	<input type="checkbox"/> Touch Screen Monitor
<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)	<input type="checkbox"/> Communication Assistance (Script)
<b>OTHER PRESENTATION ACCOMMODATIONS</b>				
Directions Clarified, Highlighting Tool, Headphones, Noise Buffers, Redirect to the Test, Change Background Font & Colors, Magnification, Blank Paper, and General Masking are available to all students.				
<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device	<input type="checkbox"/> Listening Device
<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics	<input type="checkbox"/> Tactile Graphics

Local Educational Agency (LEA):

**STUDENT**

Last Name: First Name: 10 Digit LA Secure I.D.: School:

**PAPER**

Grades 3-4: Math	Grades 3-4: ELA	Grades 3-4: Social Studies	Grades 3-4: Science
<b>RESPONSE ACCOMMODATIONS</b>			
<b>Communication Assistance</b>			
<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor
<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard
<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device
<b>Calculation Devices (except on fluency items)</b>			
<input type="checkbox"/> Calculator			
<input type="checkbox"/> Manipulatives			
<input type="checkbox"/> Multiplication Chart			
<input type="checkbox"/> 100s Chart			
<input type="checkbox"/> Number Line			
<b>Other Response Accommodations</b>			
<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board
<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction
<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools
<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded
<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers
<b>Timing &amp; Scheduling</b>			
<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time
<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks
<b>Setting Considerations</b>			
<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing
<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing
<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating
<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location

**ONLINE**

Grades 3-8: Math	Grades 3-8: ELA	Grades 3-8: Social Studies	Grades 3-8: Science	LEAP 2025/EOC
<b>RESPONSE ACCOMMODATIONS</b>				
<b>Communication Assistance</b>				
<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor	<input type="checkbox"/> Word Processor
<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard	<input type="checkbox"/> Alternate Keyboard
<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device	<input type="checkbox"/> Communication Device
<b>Calculation Devices (except on fluency items)</b>				
<input type="checkbox"/> Calculator				<input type="checkbox"/> Calculator
<input type="checkbox"/> Manipulatives				<input type="checkbox"/> Manipulatives
<input type="checkbox"/> Multiplication Chart				<input type="checkbox"/> Multiplication Chart
<input type="checkbox"/> 100s Chart				<input type="checkbox"/> 100s Chart
<input type="checkbox"/> Number Line				<input type="checkbox"/> Number Line
<b>Other Response Accommodations</b>				
<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board	<input type="checkbox"/> Slant Board
<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction	<input type="checkbox"/> Word Prediction
<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools	<input type="checkbox"/> Adapted Grips, Writing Tools
<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded	<input type="checkbox"/> Answers Recorded
<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers	<input type="checkbox"/> Transferred Answers
				<input type="checkbox"/> Dictionary (English III only)
				<input type="checkbox"/> Thesaurus (English III only)
<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Extended Time
<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks	<input type="checkbox"/> Allow Breaks
<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Individual Testing
<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Small Group Testing
<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating	<input type="checkbox"/> Specified Seating
<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location	<input type="checkbox"/> Alternate Location

Local Educational Agency (LEA): \_\_\_\_\_

**STUDENT**

Last Name:	First Name:	10 Digit LA Secure I.D.:	School:
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**UNIQUE ACCOMMODATION**

If the student requires an accommodation that is not listed as an option above and does not change the construct being measured by a test, the school may request approval for the use of the accommodation on statewide testing by submitting the [Unique Accommodation Request Form](#).

- The accommodation to be requested and the reason needed must be described in the space below.
- The accommodation will only be approved by LDOE if used routinely in the classroom as documented here.

Unique Accommodation: \_\_\_\_\_

Describe how the accommodation is used routinely in the classroom: \_\_\_\_\_

**PART J. INSTRUCTIONAL SERVICES/INTERVENTIONS**

List instructional services/interventions. Documentation is required.

**PART K. SPECIAL CONSIDERATIONS**

- ☐ (01) Parent programs or agency involvement suggested (Specify): \_\_\_\_\_
- ☐ (02) Alert bus driver or other personnel (Specify): \_\_\_\_\_
- ☐ (03) In-service school personnel involved with the student on the disability: \_\_\_\_\_
- ☐ (04) Suggest interventions strategies for periods of transition (e.g., changing classes, PE, cafeteria et al) (Attach any additional information.): \_\_\_\_\_
- ☐ (05) Other: \_\_\_\_\_

*The listed accommodations must be appropriate and must not subvert the purpose of the test or violate test security. Check with the District Section 504 Coordinator, School Test Coordinator, and/or District Test Coordinator for the appropriateness of other accommodations not listed above.*

**PART L. SIGNATURES OF 504/SBLC MEMBERS PARTICIPATING IN THE INDIVIDUAL ACCOMMODATION PLAN**

Parent/Guardian First Language: ☐ English ☐ Spanish ☐ French ☐ Vietnamese ☐ Chinese ☐ Other: \_\_\_\_\_

**[\*Required Signatures]**

*Teacher/Subject X	Date:
*Teacher/Subject X	Date:
*Principal/Designee X	Date:

Parent(s) X	Date:
504/SBLC Member X	Date:
Student X	Date:

**School Test Coordinator X	Date:
**Signature optional pursuant to LEA procedures.	

**LEA 504 Coordinator/Designee X	Date:
**Signature optional pursuant to LEA procedures.	

**PART M. NOTIFICATION OF PARENT RIGHTS** must be documented on this form or on alternate form and maintained with confidential records at all times. Please attach alternate form that documents notification of parental rights (if applicable).

I have received a copy of Notice of Parent Rights.

*Parent X	Date:
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*The LDOE does not discriminate on the basis of age, color, disability, national origin, race, religion, sex, sexual orientation, gender identity, political affiliation, or genetic information.*