



Student: \_\_\_\_\_ Local ID: \_\_\_\_\_  
 Campus: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

## Teacher Tool 1: Access Needs that May Require Accommodations

*Directions: Use these questions to identify various types of presentation, response, setting, and timing and scheduling accommodations. The list is not exhaustive—its purpose is to prompt educators, including members of ARD committees and 504 planning committees, to consider a wide range of accommodation needs. Use the list in planning by indicating Y (YES), N (NO), or DK/NA (Don't Know or Not Applicable).*

PRESENTATION ACCOMMODATIONS	Y	N	DK/NA
1. Does the student have a visual impairment that requires large-type or braille materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student able to read and understand directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can the student follow oral directions from an adult or audiotape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student need directions repeated frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are assistive technology devices indicated in the student's IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student been identified as having a reading disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the student have low or poor reading skills that may require the reading of tests or sections of tests that do not measure reading comprehension in order to demonstrate knowledge of subject areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the student have a hearing impairment that requires an interpreter to sign directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the student have a hearing impairment and need a listening device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RESPONSE ACCOMMODATIONS</b>			
10. 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"/>
11. Does the student have a disability that affects his or her ability to record responses in the standard manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can the student use a pencil or writing instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the student use a word processor to complete homework assignments or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the student use a tape recorder to complete assignments or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the student need the services of a scribe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the student have a disability that affects that student's ability to spell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the student have a visual or motor disability that affects his or her ability to record mathematical computations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SETTING ACCOMMODATIONS</b>			
18. Is the student easily distracted or does the student have difficulty remaining on task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. 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"/>
20. Does the student have visual or auditory impairments that require special lighting or acoustics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Can the student focus on his or her own work in a setting with large groups of other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the student exhibit behaviors that may disrupt other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do any physical accommodations need to be made for the student in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TIMING AND SCHEDULING ACCOMMODATIONS</b>			
24. Can the student work continuously for the length of time allocated for standard test administrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the student use other accommodations or adaptive equipment that require more time to complete test items (e.g., braille, scribe, use of head pointer to type)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the student tire easily due to health impairments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 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"/>
28. 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"/>
29. Does the student have a motor disability that affects the rate at which that student writes responses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the student take any type of medication to facilitate optimal performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does the student's attention span or distractibility require shorter working periods and frequent breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>