



Student: _____ Local ID: _____
Campus: _____ Principal Signature: _____

Teacher Tool 3: Assessment Accommodations Plan

Student Information	Case Information
Name: _____	Special Education Teacher: _____
Name of Assessment: _____	School Year: _____
Date of Assessment: _____	Campus: _____
	General Education Teacher: _____

Assessment accommodations that the student needs for this assessment and the date that the accommodations were arranged:

Accommodations	Date Arranged
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Comments

Person responsible for arranging accommodations and due date:

Person Responsible	Due Date
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Comments

Room assignment for assessment: _____

Planners for this process (signatures): _____

Scheiber, B., & Talpers, J. (1985). *Campus Access for Learning Disabled Students: A Comprehensive Guide*. Pittsburgh: Association for Children and Adults with Learning Disabilities.