

ACCOMMODATIONS DOCUMENTATION FOR ENGLISH LANGUAGE LEARNER (ELL) STUDENTS

GUIDELINES: Some ELL students require specific accommodations during assessment. Implementation of the accommodation(s) requires a recommendation from the ELL Committee and the signature of the committee chair, parent, and principal. Questions regarding the proposed accommodation(s) should be directed to the Local Accountability Coordinator (LAC) and/or School Test Coordinator.

Student _____ School _____ Grade _____

Assessment for which accommodation(s) is/are being proposed _____

Last IPT assessment date _____ Scores: Oral _____ Reading _____ Writing _____ Proficiency level _____

Description of current instructional accommodation(s): _____

ASSESSMENT ACCOMMODATION(S) PROVIDED (Check where appropriate):

<u>None</u>	<u>Scheduling</u>	<u>Setting</u>	<u>Equipment</u>	<u>Presentation</u>	<u>Response</u>
<input type="checkbox"/>	<input type="checkbox"/> Breaks	<input type="checkbox"/> Special seating	<input type="checkbox"/> Large print	<input type="checkbox"/> Verbatim repetition of directions	<input type="checkbox"/> Answer in test booklet
	<input type="checkbox"/> Multiple days	<input type="checkbox"/> Adjusted grouping	<input type="checkbox"/> Braille	<input type="checkbox"/> Written copies of orally presented materials found only in exam. manual	<input type="checkbox"/> Pointing
	<input type="checkbox"/> Extra time	<input type="checkbox"/> Support person in classroom	<input type="checkbox"/> Calculator/math	<input type="checkbox"/> Signing, amplification, or visual display	<input type="checkbox"/> Responses checked (e.g., bubbles)
	<input type="checkbox"/> Best time	<input type="checkbox"/> ELL teacher in classroom	<input type="checkbox"/> Electronic device	<input type="checkbox"/> Verbatim audiotape of directions	<input type="checkbox"/> Student dictates
	<input type="checkbox"/> Other	<input type="checkbox"/> Small group	<input type="checkbox"/> Electronic device w/ spell/grammar check blocked	<input type="checkbox"/> Verbatim reading/audiotape of entire test (not reading)	<input type="checkbox"/> Student signs
		<input type="checkbox"/> Small group w/SPED or ELL examiner	<input type="checkbox"/> Bilingual synonym dictionary	<input type="checkbox"/> Verbatim reading of selected sections of test or vocab. (not reading)	<input type="checkbox"/> Other
		<input type="checkbox"/> Individual admin. within school	<input type="checkbox"/> Other	<input type="checkbox"/> Verbatim reading of selected vocab. words or sections of reading test	
		<input type="checkbox"/> Individual admin. outside school		<input type="checkbox"/> Other	
		<input type="checkbox"/> Other			

Recommended by the following members of the ELL Committee: (Check where appropriate)

- ESOL Teacher
 Classroom Teacher
 Reading Specialist
 ESOL Contact Personnel
 Other (Please describe) _____

Committee Chair's Signature _____ Name printed _____ Date _____

Principal's Signature _____ Name printed _____ Date _____

Parent's Signature _____ Name printed _____ Date _____

(Copy to be filed in student's cumulative record)