

Accommodations: Kindergarten ACCESS for ELLs



Completed by: _____

Date: _____

Student: _____

ID number: _____

District/School: _____

Grade: _____

Team Members: _____

Accommodations:

- 1. Extended testing of a test domain over multiple days (EM).** *Provide written request and evidence of need to state education agency.*

Listening

Speaking

Reading

Writing

- 2. Interpreter signs directions in ASL (SD).** *Sign administration instructions, test directions, and practice items. Do not sign scored items.*

Listening

Speaking

Reading

Writing

- 3. Large print (LP).** *Order materials in advance.*

Listening

Speaking

Reading

Writing

- 4. Scribe (SR).** *A trained adult records student responses during testing.*

Listening

Speaking *(not applicable)*

Reading

Writing

- 5. Recording device and transcription (RD).** *Clear device after transcription.*

Listening *(not applicable)*

Speaking *(not applicable)*

Reading *(not applicable)*

Writing

- 6. Test administered in a non-school setting (NS).** *Provide written request and evidence of need to state education agency.*

Listening

Speaking

Reading

Writing

- 7. Word processor or similar keyboarding device (WD).** *Clear device after verbatim transcription.*

Listening

Speaking *(not applicable)*

Reading

Writing