Accommodations: WIDA ACCESS for Kindergarten

WIDA™ UNIVERSITY OF WISCONSIN–MADISON

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 *(not applicable)* Speaking *(not applicable)*
   Reading *(not applicable)* Writing ☐

5. **Low-vision script (LV).** *Must be ordered during additional materials ordering window.*

   Listening ☐ Speaking ☐
   Reading ☐ Writing ☐

6. **Recording device and transcription (RD).** *Clear device after transcription.*

   Listening *(not applicable)* Speaking *(not applicable)*
   Reading *(not applicable)* Writing ☐

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

   Listening ☐ Speaking ☐
   Reading ☐ Writing ☐

8. **Word processor or similar writing device (WD).** *Clear device after verbatim transcription.*

   Listening ☐ Speaking *(not applicable)*
   Reading ☐ Writing ☐