

Name of Student:

Date:

### Supplementary Aids and Services/Program Accommodations

Document the supplementary aids and services and/or program accommodations that the student requires to participate in regular education classes and activities with non-disabled peers:

<b>Instruction</b>		<b>Self-Management</b>	
<b>Materials</b>		<b>Testing</b>	
<b>Grading</b>		<b>Communication</b>	

Intermittent services necessary in order to meet the student's educational/health needs such as vision/hearing screenings, diagnostic testing with prior parental consents as required, social service/crisis intervention, etc. will be provided on an as-needed basis.

#### State and District-Wide Assessments

##### State

- Participate in the entire State assessment with no accommodations
- Participate in the entire State assessment with accommodations
- Participate in part(s) of the State assessment: specify components:
- Participate in the State Alternative Assessment**

##### District-Wide

- Participate in the entire district-wide assessment with no accommodations
- Participate in the entire district-wide assessment with accommodations
- Participate in part(s) of the district-wide assessment: specify components:
- Not Participate in the District-Wide Assessment**

If the student is completing the assessment(s) with accommodations, specify the needed accommodations below. If there are differences in subjects, specify test next to the accommodation.

- |  |   |
|--|---|
| <input type="checkbox"/> Extended Time; Subject:                       | <input type="checkbox"/> Use of Audio Cassette for Directions; Subject: |
| <input type="checkbox"/> Alternate Setting; Subject:                   | <input type="checkbox"/> Assistive Devices; Subject:                    |
| <input type="checkbox"/> Tests Presented Orally; Subject:              | <input type="checkbox"/> Assistance w/Writing; Subject:                 |
| <input type="checkbox"/> Instructions in Other Mode; Subject:          | <input type="checkbox"/> Other; Subject:                                |
| <input type="checkbox"/> Use of Tests in Large Print/Braille; Subject: |   |

If the student will not participate in part or all of the assessment(s), specify why the assessment is not appropriate:

State:

District:

Document the alternate assessment to be given:

- Illinois Alternative Assessment
- District:

Additional Considerations: