

School System:	School:
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Student Information				
Last Name:	First Name:	10-Digit LASID:	DOB:	Grade:
Date:	EL Specialist:		First/Native Language:	

Statewide Content Assessment and Subject(s) to be Administered	
LEAP 2025: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science	LEAP Connect: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science
LEAP 2025/EOC: <input type="checkbox"/> English I <input type="checkbox"/> English II <input type="checkbox"/> English III <input type="checkbox"/> Algebra I <input type="checkbox"/> Geometry <input type="checkbox"/> Biology <input type="checkbox"/> US History	

Additional Accommodation Plan			
<input type="checkbox"/> Non-Applicable	<input type="checkbox"/> IEP: Review Date	<input type="checkbox"/> 504 Plan: Review Date	<input type="checkbox"/> PNP

Directions
<ol style="list-style-type: none"> 1. Committee completes this checklist. (Please refer to the LEAP 2025 Accommodation and Accessibility Manual for guidance.) 2. Testing accommodations are only allowed on statewide assessments if used routinely in the classroom. 3. Accommodations should be coded in the EL Test Accommodation field for statewide assessments. 4. Accommodations will be communicated to all teachers for classroom implementation. 5. Submit completed form to the School and District Test Coordinators. <p>NOTE: EL Accommodations are not applicable for ELPS/ELPT.</p>

Accommodations and Modifications for Instruction and Assessments for both Classroom & Statewide Assessments		
Classroom Accommodations and Modifications		Statewide Testing Accommodations and Modifications
<input type="checkbox"/> Bilingual dictionary/electronic translator allowed at all times	<input type="checkbox"/> Audio textbooks/novels	<input type="checkbox"/> Math assessment in Spanish
<input type="checkbox"/> Compositions and written assignments accepted in native language	<input type="checkbox"/> Provision of English/Native Language Word-to-Word Dictionary (no definitions)	<input type="checkbox"/> Extended time
<input type="checkbox"/> Cooperative learning/peer assistance	<input type="checkbox"/> Reduced paper/pencil tasks	<input type="checkbox"/> Directions in native language
<input type="checkbox"/> Extended time for tests and assignments	<input type="checkbox"/> Repeated directions	<input type="checkbox"/> Provision of English/Native Language Word-to-Word Dictionary (no definitions)
<input type="checkbox"/> Increased hands-on activities	<input type="checkbox"/> Shortened, modified, fewer, or taped assignments	<input type="checkbox"/> Tests read aloud on Math, Science, and Social Studies
<input type="checkbox"/> Modified/shortened tests	<input type="checkbox"/> Directions in native language	<input type="checkbox"/> None
<input type="checkbox"/> Peer assistance for note taking	<input type="checkbox"/> Native language reading material sometimes allowed	
<input type="checkbox"/> Photocopied notes/study guide	<input type="checkbox"/> Math assessment in Spanish	
<input type="checkbox"/> Spelling deductions discounted	<input type="checkbox"/> Tests read aloud on Math, Science, and Social Studies	

Accessibility Features Available to All Students			
<input type="checkbox"/> Individual Testing	<input type="checkbox"/> Small Group Testing	<input type="checkbox"/> Math Read Aloud	<input type="checkbox"/> Read Aloud to Self

NOTE: This checklist should be available to LDOE staff as part of accommodations auditing.

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Unique Accommodation
<p>If the student requires an accommodation <i>that is not listed as an option above</i> and does not change the construct being measured by a test, and has a current IEP or IAP, the school may request approval for the use of the accommodation on statewide testing by submitting the Unique Accommodation Request Form.</p> <p><input type="checkbox"/> The student has a documented unique accommodation used only in the classroom.</p> <p><input type="checkbox"/> The unique accommodation is approved by LDOE for state testing and is routinely used in the classroom.</p> <p><input type="checkbox"/> The Unique Accommodation Request is attached.</p>

Participants' Signatures	
EL Specialist Signature:	Date:
Principal/Designee Signature:	Date:
Special Education Teacher/Coordinator Signature (if applicable):	Date:
504 Coordinator Signature (if applicable):	Date:
Teacher Signature:	Date:
Teacher Signature:	Date:
Teacher Signature:	Date:
Teacher Signature:	Date:
Parent/Guardian Signature (optional):	Date:
Student (if applicable):	Date:

NOTE: This checklist should be available to LDOE staff as part of accommodations auditing.