

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

Statewide Content Assessment and Subject(s) to be Administered	
<b>LEAP 2025:</b> <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science	<b>LEAP Connect:</b> <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science
<b>LEAP 2025/EOC:</b> <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"/> <b>Non-Applicable</b>	<input type="checkbox"/> <b>IEP: Review Date</b>	<input type="checkbox"/> <b>504 Plan: Review Date</b>	<input type="checkbox"/> <b>PNP</b>

Directions
<ol style="list-style-type: none"> <li>1. Committee completes this checklist. (Please refer to the <a href="#">LEAP 2025 Accommodation and Accessibility Manual</a> for guidance.)</li> <li>2. Testing accommodations are only allowed on statewide assessments if used routinely in the classroom.</li> <li>3. Accommodations should be coded in the EL Test Accommodation field for statewide assessments.</li> <li>4. Accommodations will be communicated to all teachers for classroom implementation.</li> <li>5. Submit completed form to the School and District Test Coordinators.</li> </ol> <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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<b>School:</b>	<b>EL Specialist:</b>	<b>First/Native Language:</b>		

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 <a href="#">Unique Accommodation Request Form</a>.</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:

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