

ADDENDA

2008 – 2009

**TCAP
ACCOMMODATIONS**

TCAP ACHIEVEMENT – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) IEP / 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE			
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY			
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions Verbatim
CALCULATOR MATHEMATICS TABLES			
<input type="checkbox"/> Y <input type="checkbox"/> N	See <i>Teacher Directions</i> for specified subsections		
FLEXIBLE SETTING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group
<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers, Abacus
AUDITORY AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification	<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer
MULTIPLE TESTING SESSIONS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day		
FLEXIBLE SCHEDULING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)	<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day
SCRIBE/RECORDING ANSWERS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet	<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper		
MARKING IN TEST BOOKLET			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet (May not be used on the Achievement Test in grades K—3.)		
STUDENT READS ALOUD TO SELF			
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting		

Special Accommodations

Accommodations	Documentation Verification		Required Conditions for Accommodations	Notations
	IEP	504		
A Extended Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Extended Time limits determined by IEP or 504 Team Flexible Setting required Flexible Scheduling required
B Read Aloud Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests/subtests consistent with subject area accommodations 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
C Read Aloud Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests/subtests consistent with subject area accommodations 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Items must be read verbatim
D Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests/subtests consistent with subject area accommodations 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions/Items must be read verbatim
E Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
G Calculator/Mathematics Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	IEP documenting consistent use in classroom instruction and testing Documented use in 100% of mathematics	Flexible Setting required Flexible Scheduling considered Memory cleared prior to/after test
H Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in mathematics classroom instruction and testing	Flexible Setting considered Student familiarity with Manipulatives required Manipulatives provided by school
I Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
K Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF (See guidelines)

Accommodations must be recorded on the student's answer document.

TCAP WRITING – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) IEP / 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE							
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY							
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Y <input type="checkbox"/> N	Re-read/sign Oral Instructions Verbatim				
FLEXIBLE SETTING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group	<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment			<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers, Abacus		
AUDITORY AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification			<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer		
MULTIPLE TESTING SESSIONS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day						
FLEXIBLE SCHEDULING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)				<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Time of Day	
STUDENT READS ALOUD TO SELF							
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting						

Special Accommodations

	Accommodations	Documentation Verification		Required Conditions for Accommodations	Notations
		IEP	504		
A	Extended Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Extended Time limits determined by IEP or 504 Team Flexible Setting required Flexible Scheduling required
E	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
J	Scribe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Scribe guidelines must be followed
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF (See guidelines)

Accommodations must be recorded on the student's answer document.

TCAP COMPETENCY – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____

(Check One) IEP / 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE								
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)	
ORAL INSTRUCTIONS DELIVERY								
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Y <input type="checkbox"/> N	Re-read/sign Oral Instructions Verbatim					
FLEXIBLE SETTING								
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group	<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____		<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS								
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment			<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers, Abacus			
AUDITORY AIDS								
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification			<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer			
MULTIPLE TESTING SESSIONS								
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day							
FLEXIBLE SCHEDULING								
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within the school day)			<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day			
SCRIBE/RECORDING ANSWERS								
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet			<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper							
MARKING IN TEST BOOKLET								
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet							
STUDENT READS ALOUD TO SELF								
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting							

Special Accommodations

Accommodations	Documentation Verification	Required Conditions for Accommodations	Notations
	IEP	<i>Beginning in Fall 2004, the Competency Test was only available for students with IEPs who entered high school prior to Fall 2001 who have exited with a Special Education Diploma or are currently enrolled</i> Competency available until school year student reaches age of twenty-two (22)	
B Read Aloud Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
C Read Aloud Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Items must be read verbatim
D Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions/Items must be read verbatim
E Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
G Calculator/Mathematics Tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting consistent use in classroom instruction and testing	Flexible Setting required Flexible Scheduling considered Memory cleared prior to/after test
H Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting consistent use in mathematics classroom instruction and testing	Flexible Setting considered Student familiarity with Manipulatives required Manipulatives provided by school
I Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
K Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF See guidelines

Accommodations must be recorded on the student's answer document.

TCAP END-OF-COURSE (EOC) AND GATEWAY – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) IEP / 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE			
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Braille
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY			
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim	<input type="checkbox"/> Y <input type="checkbox"/> N	Re-read/sign Oral Instructions Verbatim
CALCULATOR/MATHEMATICS TABLES			
<input type="checkbox"/> Y <input type="checkbox"/> N	See <i>Teacher Directions</i> for specified test		
FLEXIBLE SETTING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers, Abacus
AUDITORY AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification	<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer
MULTIPLE TESTING SESSIONS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day		
FLEXIBLE SCHEDULING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)	<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day
SCRIBE/RECORDING ANSWERS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet	<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper		
MARKING IN TEST BOOKLET			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet		
STUDENT READS ALOUD TO SELF			
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting		

Special Accommodations

	Accommodations	Documentation Verification		Required Conditions for Accommodations	Notations
		IEP	504		
A	Extended Time: EOC Tests Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applies only to EOC Tests Gateway Tests are Untimed IEP or 504 Plan documenting consistent use in classroom instruction and testing	Extended Time limits determined by IEP or 504 Team Flexible Setting required Flexible Scheduling required
B	Read Aloud Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests consistent with subject area accommodations 504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
C	Read Aloud Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests consistent with subject area accommodations 504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
D	Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP: May be used on all tests consistent with subject area accommodations 504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations	Flexible Setting – Individual or Small Group required Flexible Scheduling considered Extended Time considered Instructions must be read verbatim
E	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		IEP documenting Hearing Impairment or Deafness and consistent use in classroom instruction and testing	Flexible Setting – Individual or Small Group required Extended Time considered Interpreter guidelines must be followed
F	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting – Individual Flexible Scheduling considered Extended Time considered Special handling instructions
H	Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	Flexible Setting considered Student familiarity with Manipulatives required Manipulatives provided by school
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing Necessary for post-school success	Flexible Setting considered Flexible Scheduling considered Student familiarity with AT required
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP or 504 Plan documenting consistent use in classroom instruction and testing	DOE Approval Required per UAARF (See guidelines)

Accommodations must be recorded on the student's answer document.

2008-2009 English Language Learner (ELL) Accommodations

(Addendum to the IEP or 504 Service Plan for **English Language Learners**)

Accommodations	Documentation Verification		TCAP Achievement	TCAP Competency	TCAP End-of-Course (EOC) / TCAP Gateway	TCAP Writing Assessment	Required Conditions for Accommodations
	IEP	504					
Q Extended Time ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time and a half per subtest OR As determined by IEP / 504 Team	NOT APPLICABLE-Untimed	EOC – Time and a half per test Or As determined by IEP / 504 Team Gateway – NOT APPLICABLE – Untimed	Time and a half or as determined by the IEP Team	ELL
R Bilingual Dictionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not allowed for Language Arts, Reading, Spelling, Word Analysis and Vocabulary subtests	Not Allowed for Language Arts	Not Allowed for EOC English I and Gateway Language Arts	Not Allowed	ELL
S Read Aloud in English Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	All subtests	May read aloud or use Audio only or Audio with test booklet	All tests	All tests	ELL
T Read Aloud in English Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP – All Subtests 504 – Not allowed for Language Arts, Reading, Spelling, Word Analysis and Vocabulary subtests	May read aloud or use Audio only or Audio with test booklet	IEP – All Subtests 504 – Not Allowed for EOC English I and Gateway Language Arts	All tests	ELL

*All students are eligible for Allowable Accommodations, as needed, on any TCAP Assessment. Special Accommodations are available for students with an IEP or 504 Service Plan.

*T1 and T2 students do **NOT** receive accommodations.

Note: Questions regarding required conditions for use of ELL Accommodations should be directed to the TN ESL Testing Coordinator at (615) 253-4515.

¹ If the student uses both ELL and Special Accommodations, Extended Time is determined by the IEP Team or 504 Review Committee.

UNIQUE ADAPTIVE ACCOMMODATION REQUEST FORM (UAARF)

(Special Accommodation – K)

- All requests made for Unique Adaptive Accommodations must have DOE approval prior to implementation on State assessments.
- Return form to the following address: Special Education Assessment Consultant, Tennessee Department of Education, Division of Special Education, Andrew Johnson Tower, 7th Floor, 710 James Robertson Parkway, Nashville, TN 37243-0375.
- Each item of the UAARF must be completed before the State will review for Approval. Incomplete UAARFs will be returned to the LEA.
- All UAARFs must be received by the DOE no later than **one month prior** to the TCAP Assessment(s) to which they apply.

System Name: _____ System Number: _____

School Name: _____ School Number: _____

Student Name: _____ SSN: _____ Grade: _____

Indicate the test(s)/subtest(s) on which the accommodation would be used:

Competency (08-09 last year available)	<input type="checkbox"/> Math <input type="checkbox"/> Language Arts
End of Course (write in course on blank)	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Gateway	<input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Science
Writing Assessment	<input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 11 th
Achievement	<input type="checkbox"/> Reading/LA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Word Analysis <input type="checkbox"/> ALL

Special Accommodations currently documented for use on TCAP Assessments:

A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>	J <input type="checkbox"/>	K <input type="checkbox"/>
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Unique Adaptive Accommodation(s) Requested:

1. _____
2. _____
3. _____
4. _____

Are requested accommodations documented on the student's IEP or 504 Plan? Yes No

Are requested accommodations used consistently throughout classroom instruction and assessments? Yes No

Are requested accommodations needed for student to access the general education curriculum? Yes No

Is the student proficient in the use of the requested accommodations? Yes No

How long has student been using the requested accommodation(s) in his/her educational environment?

(List individually for each accommodation requested.)

1. _____
2. _____
3. _____

Explain how accommodations are utilized in student's educational environment. Attach additional page(s) if needed.

All appropriate signatures are required for UAARF to be considered. The Special Education Supervisor or the System 504 Coordinator should sign the UAARF as indicated (e.g., child has an IEP or a 504 Service Plan).

Parent/Guardian: _____

Classroom Teacher(s): _____

School Principal: _____

Signature System Special Education Supervisor: _____ Phone Number: _____

Signature System 504 Plan Coordinator: _____ Phone Number: _____

Signature System Testing Coordinator: _____ Phone Number: _____

Signature System Superintendent: _____ Phone Number: _____

DEPARTMENT OF EDUCATION USE ONLY: Date received: _____ Request Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No Division of Special Education: _____ Office of Assessment, Evaluation, and Research: _____	COMMENTS: _____ _____ _____
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