Curriculum/Classroom Accommodations and Modifications

Student Name ___________________________  ID # ___________  Date of IEP Meeting __________________________

What accommodations, supplementary aids and services, supports in general education and/or special education programs, or modifications to the general curriculum does this student require because of his/her area(s) of need?

The supports indicated below are implemented daily, across all settings, and for the duration of the IEP unless otherwise specified below.

**FLEXIBLE SCHEDULE**
- [ ] Extended Time (Classroom Only) --Describe Below
- [ ] Test Over Multiple Days --Describe Below
- [ ] Order of Tests --Describe Below
- [ ] Test During Specific Time of Day --Describe Below
- [ ] Frequent Breaks --Describe Below

**VISUAL AIDS**
- [ ] Place Keeper
- [ ] Magnifying Glass/Screen Magnifier
- [ ] Graphic Organizers
- [ ] Electronic Magnifying Device
- [ ] Color Overlays/Tinted Screen

**AMPLIFICATION EQUIPMENT**
- [ ] Assistive Listening Device

**INCREASE SIZE OF ANSWER DOCUMENT**
- [ ] Enlarged Answer Document

**READ ALOUD** *(Complete Criteria form if for English: Reading SOL)*
- [ ] Read Entire Assignments/Assessments to Student
- [ ] Read to Student Upon Request (Read on Demand)
- [ ] Read Back Student Response

**COMM BOARDS/CHOICE CARDS**
- [ ] Communication Board
- [ ] Choice Cards

**BILINGUAL DICTIONARY**
- [ ] Bilingual Dictionary

**ENGLISH DICTIONARY**
- [ ] English Dictionary (Student must be identified as both LEP and SWD)

**ALT MEANS OF RESP**
- [ ] Mark in Assignment Document
- [ ] Student Indicates a Response (Verbally, Pointing or Otherwise) --Describe Below
- [ ] Access to Markers, Highlighters, Colored Pens/Pencils --Describe Below
- [ ] Access to Dry Erase Board
- [ ] Audio Recording of Student Answers (Class Accom Only)

**ACCESSIBLE TEXT** *(Complete verification form if using AIM VA)*
- [ ] Braille
- [ ] Large Print
- [ ] Electronic Text

**MATH AIDS**
- [ ] Access to Colored Shapes, Number Lines, and Fraction Circles --Describe Below

**ALT WRITTEN RESP**
- [ ] Respond using Word Processor with Speech to Text Functionality
- [ ] Respond using Brailler
- [ ] Respond using Word Processor
- [ ] Keyboard Modification
- [ ] Respond using Word Prediction Software

**AUGMENTATIVE COMMUNICATION DEVICE**
- [ ] Augmentative Communication Device

**SETTING**
- [ ] Adaptive and Special Furniture --Describe Below
- [ ] Location
- [ ] Special Lighting

*Student must be receiving individualized assistive technology support from Assistive Technology Services (ATS) to access this accommodation.

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SOL ACCOMMODATIONS

☐ Access to SOL Online Audio (Complete Criteria form if for English: Reading SOL)
☐ VDOE Approved Special Accommodation Request

SPELL AIDS

☐ Spell Checker
☐ Spelling Dictionary

USE REC DEVICE: PRE WRITING

☐ Use of Recording Device for Prewriting (if used for state testing only allowed on Short Paper test)

DICTATION

☐ Dictation in English to Scribe

CALCULATOR (Complete Criteria form if for Math SOL)

☐ Calculator or Arithmetic Tables
☐ Use of a Calculator with Functions Beyond what is Routinely Supplied to Students

PRES OF MATERIALS/ASSIGN

☐ Interpret/Translate Directions
☐ Provide Copy of Directions
☐ Reduced Language Level/Reading Level/Plain English
☐ Provide Specific Verbal Prompts --(if used for state testing check for list of acceptable verbal prompts and list below)

OTHER

☐ Shortened Assignment --Describe Below
☐ Clearly Defined Limits/Expectations --Describe Below
☐ Positive Reinforcement System
☐ Behavior Intervention Plan
☐ Reduced Pencil and Paper Tasks
☐ Highlighted Text/Materials
☐ Peer Tutoring/Paired Working Assignment
☐ Assignment Notebook
☐ Assistive Technology Support from ATS*
☐ Access to Noise Canceling Headphones, Ear Muffs or Ear Plugs
☐ Other Interpreting

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