

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 Braille
- 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.

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.

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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)

DICTIONATION

- 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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