

TEACHER TOOL 3

DISABILITIES ASSESSMENT

ACCOMMODATIONS PLAN

Student Information	Case Information
Name: _____	Special Education Teacher: _____
Date of Assessment: _____	School: _____ Year: _____
Name of Assessment: _____	Building/School: _____
	General Education Teacher: _____

Assessment accommodations that student needs for this assessment and date arranged:

Accommodations:	Date Arranged:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Comments:

Person responsible for arranging accommodations and due date:

Person Responsible:	Due Date:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Comments:

Room assignment for assessment:

Planners for this process (signatures):

Scheiber, B., & Talpers, J. (1985). *Campus Access for Learning Disabled Students: A Comprehensive Guide*. Pittsburgh: Association for Children and Adults with Learning Disabilities.

National Dissemination Center for Children with Disabilities (<http://nichcy.org/pubs/stuguide/st1book.htm>). Retrieved July 28, 2005.