

# TEACHER TOOL 7

## ELL Assessment Accommodations Plan

### Student Information

Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Name of Assessment: \_\_\_\_\_

### Case Information

ELL Teacher: \_\_\_\_\_

School Year: \_\_\_\_\_

Building/School: \_\_\_\_\_

General Education Teacher(s): \_\_\_\_\_

Accommodations that the 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: \_\_\_\_\_

Planners for this process (signatures):

\_\_\_\_\_