

Selecting Accommodations: A Five-Step Decision Making Process

Selecting Accommodations Process Accommodations Trial Information

Student:	School:	
Person Completing:	Begin Date:	End Date:
Accommodation Tried:		

<p>Week 1 During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>	<p>Week 2 During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>
<p>Week 3 During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>	<p>Week 4 During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>

Accommodations Trial Information, cont.

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<p>Week 5</p> <p>During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>	<p>Week 6</p> <p>During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>
<p>Week 7</p> <p>During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>	<p>Week 8</p> <p>During what activities was the accommodation used and how?</p> <p>Comments</p> <p>Effectiveness was <input type="checkbox"/>poor <input type="checkbox"/>fair <input type="checkbox"/>excellent</p> <p>Initials</p>

After completing the trial, check student's progress:

Rarely<25% Sometimes 25% -50% Progressing 50%-79% Routinely over 80%

With accommodation, initiates task without prompts Routinely	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Progressing	<input type="checkbox"/>
With accommodation, completes assignments on time Routinely	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Progressing	<input type="checkbox"/>
With accommodation, completes task independently Routinely	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Progressing	<input type="checkbox"/>

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Accommodations Trial Information, cont.

Gather input about the effectiveness of the accommodation.
1. Student's input on effectiveness of accommodation
2. Parent's input on effectiveness of accommodation
3. Teacher's input on effectiveness of accommodation
4. Paraprofessional's input on effectiveness of accommodation

What were the benefits of using the accommodation?	What were the problems?
1.	1.
2.	2.

Based on the results of this trial, do you agree that this student would benefit from this accommodation?

☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Adapted from Technology Trial Information form, FDLRS Sunrise

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Selecting Accommodations Process Selection Criteria

Student: _____ **School:** _____ **Date:** _____

Area of Concern: _____ **Problematic Task:** _____

DIRECTIONS: In the top row of the chart, record possible accommodations. For each criterion, check (✓) Y or N to indicate if the possible accommodation meets the criterion, and record relevant comments. Check (✓) Y if the accommodation is allowed on the FCAT, FCAT 2.0, EOC assessment, or FAA, N if it is not allowed, or N/A if it is not applicable.

Possible Accommodation/ Criterion				
1: Necessity <ul style="list-style-type: none"> Reduces or eliminates the effect of the disability Enables the student to accomplish the task 	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N
2: Independence <ul style="list-style-type: none"> Ease of use, least complex Supports continued skill development and promotes independence 	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N
3: Generalizable <ul style="list-style-type: none"> Can be used for similar tasks Can be used in different settings 	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N
4: Acceptable <ul style="list-style-type: none"> Is capable of learning to use accommodation Is willing to use accommodation Prefers the accommodation 	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N	Meets Criterion <input type="checkbox"/> Y <input type="checkbox"/> N
Allowed on FCAT, FCAT 2.0, EOC, or FAA?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

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Selecting Accommodations Process Implementation Plan for Simple Accommodations

Student: _____ **Accommodation:** _____

Team Members: _____ **Review Date:** _____

Considerations

1. What equipment and materials are needed?
2. What training is needed by staff or family to assist student's use of the accommodation?
3. What instruction will be provided to the student in the use of the accommodation?

Operational competencies (using the accommodation):

Functional competencies (accomplishing the task with the accommodation):

Strategic competencies (knowing when to use the accommodation):

Social competencies (self-advocating and using the accommodation around others):

4. What are the plans for integrating the accommodation into the curriculum?

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5. How will you monitor and evaluate the impact of the accommodation?

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Selecting Accommodations Process Implementation Plan for Complex Accommodations/Assistive Technology

Student: _____ **Accommodation:** _____

Team Members:

Review Date:

Support Task	Person(s) Responsible	Schedule	Evidence of Completion
Initial Student Training			
Ongoing Student Training			
Daily/Regular Support of Student Use			
Daily/Regular Maintenance Activities			
Staff Training			
Consultation with Staff			
Communication with Family			
Parent/Family Training			
Repairs and Modifications			

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Implementation Plan for Complex Accommodations/Assistive Technology

Integrating the Accommodation Into the Curriculum Considerations:

1. What specific activities/tasks will the student use the accommodation to accomplish in each environment?
2. How will information about these activities/tasks be communicated to adults in each environment?
3. How will adults in the environment be expected to use this information when planning?
4. How and when will teachers collaborate about ways they integrate the accommodation into instruction and assessment tasks?

Results of Team Discussion:

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Implementation Plan for Complex Accommodations/Assistive Technology

Equipment and Materials Considerations:

1. Who will provide the accommodation and any consumable supplies needed?
2. In what environments will the student use the accommodation?
3. How will the accommodation be made available in each environment (i.e. move with the student, available in each, etc.)?
4. Where will the student use the accommodation?
5. Will the student need to use this accommodation at home? If no, will an alternative accommodation be needed?
6. Who will be responsible for ensuring that the accommodation works as expected?

Results of Team Discussion:

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Implementation Plan for Complex Accommodations/Assistive Technology

Student Training Considerations:

1. What will this student use the accommodation to do?
2. What specific skills will the student need to learn?
3. How much training does the student require?
4. When will training be provided to the student? Who will provide the training?
5. How will the student learn to use the accommodation in customary environments?
6. What kind of direct supervision and help will the student need in order to use the accommodation in a functional manner?

Results of Team Discussion:

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Implementation Plan for Complex Accommodations/Assistive Technology

Staff and Family Training Considerations:

1. Which adults in the student's environments will require training in the use of the accommodation?
2. What will various staff and family members need to know about the accommodation and how to use it?
3. Who will provide the needed training for these people?
4. Who should be called if technical assistance is needed (e.g., for an assistive technology device)?

Results of Team Discussion:

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Implementation Plan for Complex Accommodations/Assistive Technology

Monitoring and Evaluation Considerations:

1. In what environments will the accommodation first be implemented?
2. When will use of the accommodation be expanded to other environments?
3. What aspect(s) of student performance will be expected to change?
4. What are the minimum criteria for successful performance?
5. How, when, and where will changes in student performance using the accommodation be monitored?
6. How and when will the team review progress-monitoring data and evaluate effectiveness of the accommodation?

Results of Team Discussion:

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Selecting Accommodations Process Routine/Task Classroom Procedures Plan

Daily School Routine/Task: _____ Purpose of Routine/Task: _____

Student Name: _____ Date: _____

School: _____ Teacher: _____

Person assisting student during routine: _____

	Steps involved in Routine/Task	What specifically will the student do? (Procedures)	Participation Level	What will the student need in order to do this?	What will staff and supporters do?
1			<input type="checkbox"/> Independently <input type="checkbox"/> Partial prompted <input type="checkbox"/> With full prompts		
2			<input type="checkbox"/> Independently <input type="checkbox"/> Partial prompted <input type="checkbox"/> With full prompts		
3			<input type="checkbox"/> Independently <input type="checkbox"/> Partial prompted <input type="checkbox"/> With full prompts		
4			<input type="checkbox"/> Independently <input type="checkbox"/> Partial prompted <input type="checkbox"/> With full prompts		
5			<input type="checkbox"/> Independently <input type="checkbox"/> Partial prompted <input type="checkbox"/> With full prompts		
6			<input type="checkbox"/> Independently <input type="checkbox"/> Partial prompted <input type="checkbox"/> With full prompts		

Accommodation/Assistive Technology:

Adapted from Gayl Bowser-Classroom Procedures Plan

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Selecting Accommodations Process Routine/Task Assessment and Monitoring Form

Daily School Routine/Task: _____ **Purpose of Routine/Task:** _____

Student Name: _____ Date: _____

School: _____ Teacher: _____

Person assisting student during routine: _____ Observer: _____

Assessment Instructions: Identify the core steps of the routine or task you have chosen. Through observation, determine whether the student completes each step of the routine or task *Independently* (may include minimal peer assistance), *With Prompts* (gestures, visual, and/or verbal prompts only), or *With Physical Assistance* (may include gestures, visual and/or verbal prompts). If the student could not complete a step even with physical assistance, please explain.

	Core Steps involved in Routine/Task	Independent	With prompts	With physical assistance		Step was not completed
				Prompt Level		
				Partial	Full	
1						
2						
3						
4						
5						
6						

Adaptations to the Task:

Accommodations Currently Used:

Comments:

Routine/Task Assessment And Monitoring Form, Cont.

**Daily School
Routine/Task:** _____

Student
Name: _____

Monitoring Instructions: Through observation, determine whether the student completes each step of the routine or task:

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I=Independently (may include minimal peer assistance)

P=With Prompts (gestures, visual and/or verbal prompts only)

A=With Physical Assistance (may include gestures, visual and/or verbal prompts). Indicate prompt level, full or partial.

If the student could not complete a step even with physical assistance, please explain in the comments section.

	Core Steps involved in Routine/Task	Monday	Tuesday	Wednesday	Thursday	Friday
1						
2						
3						
4						
5						
6						

Comments:

Adaptations to the task:

Adapted from Gayl Bowser, Routine Assessment Form

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Selecting Accommodations Process **Teacher Evaluation of Classroom Accommodations**

Teacher _____

Grade _____

Subject _____

Date _____

[*Student name*] has been using an accommodation in your classroom. Please list the accommodation below, rate its effectiveness, and comment about what you think might improve its effectiveness.

(1 = not effective, 2 = somewhat effective, 3 = very effective)

1. _____ 1 2 3

How could the effectiveness of this accommodation be improved?

Selecting Accommodations Process **Student Evaluation of Classroom Accommodations**

Student _____

Grade _____

Subject _____

Date _____

I have been using the accommodation listed below in your classroom. Here is my rating of how well the accommodation is working and comments about what I think might improve its effectiveness.

1. _____ 1 2 3
(1 = not effective, 2 = somewhat effective, 3 = very effective)

I think the effectiveness of this accommodation could be improved by

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Selecting Accommodations Process Accommodations Monitoring Form

Student Name _____ Date _____

Staff Documenting _____ School _____

Accommodation: _____

1st Week ☐ Uses ☐ Doesn't Use ☐ Progressing ☐ Not Progressing

2nd Week ☐ Uses ☐ Doesn't Use ☐ Progressing ☐ Not Progressing

3rd Week ☐ Uses ☐ Doesn't Use ☐ Progressing ☐ Not Progressing

4th Week ☐ Uses ☐ Doesn't Use ☐ Progressing ☐ Not Progressing

6th Week ☐ Uses ☐ Doesn't Use ☐ Progressing ☐ Not Progressing

8th Week ☐ Uses ☐ Doesn't Use ☐ Progressing ☐ Not Progressing

Staff Recommendation(s):

- ☐ Student is successful. Continue use of accommodation.
- ☐ Student needs additional time/instruction to determine effectiveness.
- ☐ Student needs a more advanced system (requires AT consultation).
- ☐ Student does not use the accommodation.
- ☐ Discontinue

Please Explain Recommendations(s):

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Adapted from Technology Tracking Form, School Board of Polk County, 2011