**Forms**

Forms that may be used to gather information, analyze student’s needs, and plan for the implementation and monitoring the effect of the accommodations are provided in the book at the end of each step. The team selects forms that will assist their decision making process based on the student’s needs Not all forms will be used for each accommodation decision. A brief description of the purpose of each form is described below.

**Step One: Gather Information**

*Teacher Input*

Teachers use this questionnaire to provide general input about the student’s strengths, current performance, area of need, recommendations for goals, accommodations, and supports.

*Parent Input*

Parents use this questionnaire to provide general input about the student’s strengths, areas of concern, and other questions or helpful information.

*Tasks and Learning Environment Input*

Teachers use the first page of this form to provide more detailed input about the expectations of the course/grade and specific skills, habits, or behaviors that students must be able to perform to meet the expectations. A list of components and characteristics is used to indicate what works best for the student or what is typically used in the learning environment.

The second page is used to record observation data about the learning environment, including a description of the persons present, the room and equipment, activities, and the way the students participate. Specific information is provided about the participation of the target student. The classroom teacher or other personnel may conduct the observation.

*SETT Framework Organizer*

Members of the planning team use this form to compile brief notes about “What we know” regarding the Student, Environment, Tasks, and Tools at the end of Step One. When they move to Step Two they complete the second row, “What we need to know,” to indicate questions for which they need to find answers and possible tools and strategies that may be considered or tried.

**Step Two: Analyze the Problem**

*Analysis of Problematic Task*

Members of the planning team use this form to summarize information about the student’s current performance in an area of concern and to analyze the critical elements of the specific task that is problematic for the student. They make notes about the current tools that the student uses to accomplish the task and student needs for instruction and supports.

*Summary of Evaluation Results and Consideration of Accommodation Needs*

Members of the planning team use this form at the end of Step Two to summarize the results of evaluation and the analysis of the problematic tasks and identify student needs. The Consideration of Accommodation Needs guides the planning team through the process for each area of concern and problematic tasks. The team describes the strategies, accommodations, and tools the student currently uses, the current barriers, and possible new or additional tools to address the barriers. The team records their decision about the possible need for accommodations in the Summary of Consideration.

**Step Three: Select the Accommodation**

*Accommodations Trial Information*

Members of the planning team may select this form to record the results of an accommodation trial. An accommodations trial is typically used to inform the selection of a particular assistive device. The form has spaces for an eight-week trial period. The length of the trial period will vary based on the individual needs of the student and the complexity of the accommodation or assistive device. The last page of the form provides for input on the effectiveness of the accommodation from the student, parent, teacher, and paraprofessional.

*Selection Criteria*

Members of the planning team use this form to determine how well possible accommodations meet the four selection criteria and whether or not the accommodation is allowed for the FCAT, FCAT 2.0, EOC, or FAA.

**Step Four: Document the Accommodation**

No forms are included for this step. The planning team uses the IEP or Section 504 plan form adopted by the school district.

**Step Five: Implement, Monitor, and Evaluate the Accommodation**

*Implementation Plan for Simple Accommodations*

Members of the planning team use this form to plan how a simple accommodation will be implemented. Considerations include needs for equipment and materials, training, instruction for the student, integration in the curriculum, and plans for monitoring and evaluating the impact.

*Implementation Plan for Complex Accommodations/Assistive Technology*

Members of the planning team use this form to plan how a more complex accommodation/assistive technology will be implemented. Questions are included to guide considerations regarding integration in the curriculum; needs for equipment and materials; training for the student, staff, and family; and plans for monitoring and evaluating the impact.

*Routine/Task Classroom Procedures Form*

This form is used to plan how an accommodation or assistive technology will be integrated within the steps of a routine or task for a student with more severe or multiple disabilities.

*Routine/Task Assessment and Monitoring Form*

This form is used to assess the baseline performance and evaluate the impact of an accommodation or assistive technology within the steps of a routine or task for a student with more severe or multiple disabilities for one week.

*Teacher Evaluation of Classroom Accommodations*

*Student Evaluation of Classroom Accommodations*

The teachers and the student use these forms to periodically record how effectively the accommodation is working.

*Accommodations Monitoring Form*

Teachers use this form to monitor whether or not a student uses an accommodation and if the student is making progress in learning how to use the specific skills and concepts involved in the task in which the accommodation is applied.

***Selecting Accommodations Process***

***Teacher Input***

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class/Subject/ESE Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the strengths of this student:
2. Describe this student’s performance/progress:   
   *(Please include your sources of classroom data, such as observations, work samples, and age-appropriate transition assessments, if applicable.)*
3. Describe the areas of need for this student:
4. Additional comments and/or concerns regarding this student:
5. Recommendations for goals, accommodations, support services, etc., if applicable:

Team Member’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach any additional information you feel might be helpful in meeting this student’s educational needs.

Adapted from PEER IEP Team Member Input Form, FDOE (August 2010)

***Selecting Accommodations Process***

***Parent Input***

Your input is very important in developing a plan that meets your child’s special needs. Please take a few minutes to think about what makes your child unique. What services and accommodations were helpful? Has your child been making progress? What goals do you hope he or she will reach in the year ahead? Make some notes and bring them with you to the team meeting.

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s strengths? What were his/her successes this year using accommodations? (Think about all areas in which your child does well, including both educational and social environments.)

What areas of concern do you have? What are your child’s greatest challenges?

List other questions, concerns or helpful information.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Submission of this form by email constitutes the equivalent of a signature on the form.

Adapted from PEER Parent Input Form, FDOE (DRAFT, August 2006)

***Selecting Accommodations Process***

***Tasks and Learning Environment Input***

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe the expectations for students in this grade/course:

Identify essential skills, habits or behaviors necessary to meet these expectations:

**Tasks and Learning Environment** – Identify components that work best for this student:

**Methods of Instruction**:

❑ Lecture ❑ Individual Work ❑ Hands-on Activities

❑ Class Discussions ❑ Group Work ❑ Other: \_\_\_\_\_\_\_\_\_\_\_

❑ Worksheets ❑ Peer Tutors

**Materials/Media**: **Presentation**

❑ Study guide ❑ Textbook ❑ Assistive technology

❑ Partial outline ❑ PowerPoint ❑ Braille or large print

❑ Highlighted text ❑ Digital text (audio) ❑ Other: \_\_\_\_\_\_\_\_\_\_\_

**Materials/Media: Responding**

❑ Handwriting ❑ Word processor ❑ Assistive technology

❑ Speech ❑ Sign language ❑ Other: \_\_\_\_\_\_\_\_\_\_\_

**Assignment Format**:

❑ Oral Presentation ❑ Project-based Activities ❑ Other: \_\_\_\_\_\_\_\_

❑ Written Assignments (brief) ❑ Written Reports

**Assessment Format**:

❑ Multiple choice ❑ Fill-in-the-blank ❑ Matching

❑ Short answer ❑ Essay ❑ Other: \_\_\_\_\_\_\_\_\_\_\_

**Grading Strategies**:

❑ Assignments/tests ❑ Homework ❑ Other: \_\_\_\_\_\_\_\_\_\_\_

❑ Effort ❑ Participation

**Class Environment**:

❑ Quiet ❑ Structured ❑ Other: \_\_\_\_\_\_\_\_\_\_\_

❑ Lively ❑ Unstructured

**Management Strategies**:

❑ Verbal praise ❑ Contracts ❑ Classroom rules

❑ Preferential seating ❑ Rewards ❑ Other: \_\_\_\_\_\_\_\_\_\_\_

***Tasks and Learning Environment Input, cont.***

**Summary of Observations**

**Date(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the following features:**

What teachers, aides, volunteers are present?

How many students are present?

How readily can the student access the furniture, equipment, and materials?

What activities/tasks are taking place?

How did students participate in the activities/tasks? What accommodations were used?

How did the target student participate?

What were the supports or barriers to the target student’s participation?

***Selecting Accommodations Process***

***The SETT Framework Organizer***

**Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What we know** | **Student** | **Environment** | **Tasks** | **Tools** |
| Abilities  Difficulties | Physical Facilities  Instructional Arrangements  Staff support |  | What we have tried |
| **What we need to know** |  |  |  | What we want to try |

***Selecting Accommodations Process***

***Analysis of Problematic Task***

**Student:** **Date:**

**Area of Concern:**

**Student Performance Data**

FCAT Scores

Report Card Grades

Teacher Reports

**Problematic Task:**

|  |  |  |
| --- | --- | --- |
| Critical Elements | What Student Can Do Now | Gap? |
| Cognitive |  |  |
|  |  |  |
| Motor |  |  |
|  |  |  |
| Social/Emotional |  |  |
|  |  |  |
| Communication |  |  |
|  |  |  |

***Analysis of Problematic Task, cont.***

Current Tools:

Student Needs**:**

Instruction

Supports

Accommodations to assist with independence

***Selecting Accommodations Process***

***Summary of Evaluation Results***

**Name: Date of Birth: Current Date:**

**Contact or Location:**

**Persons participating in consideration:**

**Directions:** List the date and name of the evaluation and assessment procedures reviewed for this student. Briefly describe the findings and the student needs.

|  |  |  |
| --- | --- | --- |
| **Evaluation/Assessment:**  **Date:** | **Results/Findings:** | **Student Needs:** |
| FCAT or FAA |  |  |
| Progress Monitoring: |  |  |
| Report Card |  |  |
|  |  |  |
|  |  |  |
| Analysis of Problematic Task |  |  |
| Analysis of Problematic Task |  |  |

***Consideration of Accommodation Needs***

Analyze the information that has been entered in the previous step and complete the summary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area(s) of concern** | **Consider functioning in all customary environments.** | | | |
| **Identify problematic tasks.** | **Describe the strategies, accommodations, and tools currently used.** | **Describe current**  **barriers when the student attempts this task.** | **Suggest new or additional tools to address barriers.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Comments:**

Describe specific elements of the tasks that are barriers to successful/independent performance of the tasks.

**SUMMARY OF THE CONSIDERATION** of possible need for accommodations.

|  |  |
| --- | --- |
| **Decision** | **Summary of Consideration** |
|  | Needs are currently being met without accommodations or assistive technology. It is anticipated that progress toward current goals can be made without accommodations or assistive technology devices or services. |
|  | It is anticipated that adequate progress cannot be made without the support of accommodations or assistive technology. Accommodations or assistive technology devices /services are required by this student and will be used for designated tasks in customary environments. |
|  | Further investigation / assessment is necessary to determine if or what accommodations and/or assistive technology devices and services may be required. (Specify nature and timeline of investigation in the plan) |

Adapted from Zabala, J.S. (2005\) Assistive Technology Consideration Guide. Based on Denham, A. P., & Zabala, J. S., (1999). Assistive Technology

Consideration Guide for IEP Teams. For more information or to provide feedback, contact by e-mail: joy@joyzabala.com

***Selecting Accommodations Process***

***Accommodations Trial Information***

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

|  |  |
| --- | --- |
| Week 1  During what activities was the accommodation used and how?  Comments  Effectiveness was poor fair excellent  Initials | Week 2  During what activities was the accommodation used and how?  Comments  Effectiveness was poor fair excellent  Initials |
| Week 3  During what activities was the accommodation used and how?  Comments  Effectiveness was poor fair excellent  Initials | Week 4  During what activities was the accommodation used and how?  Comment s  Effectiveness was poor fair excellent  Initials |

***Accommodations Trial Information, cont.***

|  |  |
| --- | --- |
| Week 5  During what activities was the accommodation used and how?  Comments  Effectiveness was poor fair excellent  Initials | Week 6  During what activities was the accommodation used and how?  Comments  Effectiveness was poor fair excellent  Initials |
| Week 7  During what activities was the accommodation used and how?  Comments  Effectiveness was poor fair excellent  Initials | Week 8  During what activities was the accommodation used and how?  Comments  Effectiveness was poor fair excellent  Initials |

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  Rarely Sometimes Progressing Routinely |
| With accommodation, completes assignments on time  Rarely Sometimes Progressing Routinely |
| With accommodation, completes task independently  Rarely Sometimes Progressing Routinely |

***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? |
|  |  |
|  |  |

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

***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**   * Reduces or eliminates the effect of the disability * Enables the student to accomplish the task | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N |
| **2: Independence**   * Ease of use, least complex * Supports continued skill development and promotes independence | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N |
| **3: Generalizable**   * Can be used for similar tasks * Can be used in different settings | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N |
| **4: Acceptable**   * Is capable of learning to use accommodation * Is willing to use accommodation * Prefers the accommodation | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N | Meets Criterion  □ Y □ N |
| **Allowed on FCAT, FCAT 2.0, EOC, or FAA?** | □ Y □ N □ N/A | □ Y □ N □ N/A | □ Y □ N □ N/A | □ Y □ N □ N/A |

***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?

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

***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 |  |  |  |

***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:**

***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:**

***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:**

***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 it 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:**

***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:**

***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 |  |  | \_\_Independently  \_\_Partial prompted  \_\_With full prompts |  |  |
| 2 |  |  | \_\_Independently  \_\_Partial prompted  \_\_With full prompts |  |  |
| 3 |  |  | \_\_Independently  \_\_Partial prompted  \_\_With full prompts |  |  |
| 4 |  |  | \_\_Independently  \_\_Partial prompted  \_\_With full prompts |  |  |
| 5 |  |  | \_\_Independently  \_\_Partial prompted  \_\_With full prompts |  |  |
| 6 |  |  | \_\_Independently  \_\_Partial prompted  \_\_With full prompts |  |  |

Accommodation/Assistive Technology:

Adapted from Gayl Bowser-Classroom Procedures Plan

***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:

***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

***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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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