



Table 2: Questions to Guide IEP/504 Team Decision about the Need for the 100s NUMBER TABLE (NT), ABACUS (AB), ALTERNATE RESPONSE OPTIONS (ARO), AMERICAN SIGN LANGUAGE (ASL), BRAILLE (BR), BRAILLE TRANSCRIPT (BT), or CLOSED CAPTIONING (CC) State Test Accommodations

The purpose of this table is to guide IEP/504 team discussions about student state test accommodation need and help generate appropriate decisions and recommendations regarding the 100s Number Table (NT), Abacus (AB), Alternate Response Options (ARO), American Sign Language (ASL), Braille (BR), Braille Transcript (BT), or Closed Captioning (CC) state test accommodation. The completion of this table is optional.

Questions	Team Response	Evidence/ Comments
Check the box under “Team Response” for the state test accommodation the IEP/504 team is considering for the student: 100s Number Table (NT), Abacus (AB), Alternate Response Options (ARO), American Sign Language (ASL), Braille (BR), Braille Transcript (BT), or Closed Captioning (CC). <i>Recommend using a separate table for each state test accommodation being considered by the IEP/504 Plan Team.</i>	<input type="checkbox"/> 100s NT <input type="checkbox"/> AB <input type="checkbox"/> ARO <input type="checkbox"/> ASL <input type="checkbox"/> BR <input type="checkbox"/> BT <input type="checkbox"/> CC	
1. Is there evaluative information indicating that the student’s disability prevents the student from accessing instructional and assessment materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the student have a documented disability that would prevent the student from accessing the presented stimulus and items of the state test? If so, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does the student always use the NT, AB, ARO, ASL, BR, BT, or CC accommodation to see, hear, or respond to classroom assignments and assessments for learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is there evidence that the student’s demonstration of content knowledge, skills, and abilities improves when the NT, AB, ARO, ASL, BR, BT, or CC accommodation is provided during assessments of learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is there an expectation that the student will need the NT, AB, ARO, ASL, BR, BT, or CC accommodation when pursuing post-secondary career opportunities and/or higher education?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6. Has the student provided input or stated a preference for using the NT, AB, ARO, ASL, BR, BT, or CC accommodation as a means of demonstrating understanding in classroom assignments and assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If applicable, is the braille online form (embedded) or the paper form (non-embedded) version being considered for the student?	<input type="checkbox"/> Yes/online <input type="checkbox"/> Yes/paper <input type="checkbox"/> N/A	
8. Are there additional considerations for recommending the NT, AB, ARO, ASL, BR, BT, or CC state test accommodation for this student, specific to his/her unique disability-related needs? If so, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Select the IEP/504 team recommendation below that is decided to be most appropriate for this student.

- 100s Number Table (NT)
- Abacus (AB)
- Alternate Response Options (ARO)
- American Sign Language (ASL)
- Braille (please circle one: BR embedded/online form or BR non-embedded/paper form)
- Braille Transcript (BT)
- Closed Captioning (CC) state test accommodation should be recommended for this student.

- More information is needed before making this decision.

Please list the names and titles of the IEP/504 team and other persons who were part of the state test accommodation decision-making team for the student (use the back if needed).

Name	Title	Date

Follow-up on this decision-making meeting by documenting any selected state test accommodations in the student’s IEP or 504 record, which is stored in the [electronic Comprehensive Student Support System](#) (eCSSS). Refer to the [eCSSS Directions](#) for documenting evidence to support the need for state test accommodations.

If the IEP/504 team makes the decision to recommend a low-risk state test accommodation for a student, then the School Testing Coordinator (TC) should consult the “Hawaii State Test Accommodations Identification and Request Process for Test Coordinators and School Assessment Teams” document available on the [Accessibility and Accommodations resources page](#) on the [AlohaHSAP.org](#) portal website for guidance to submit state test accommodation requests.

In addition to the documented evidence in the IEPs/504 plans and the consultations with the Exceptional Support Branch and the Office of Curriculum and Instructional Design, the Assessment Section verifies state test accommodations in accordance with the *Individuals with Disabilities Education Act* (IDEA). As stated in 34 CFR §300.160(b)(2):

The State’s guidelines must identify only those accommodations for each assessment that do not invalidate the score; and instruct IEP teams to select, for each assessment, only those accommodations that do not invalidate the score.

The Assessment Section recommends that [test accommodation verification requests](#) be submitted one month prior to the opening of the test window. In all cases, state test accommodation requests should be submitted to the Assessment Section no later than 14 days prior to state (interim or summative) testing.

If you have any questions, please email Elaine Lee at Elaine.Lee@k12.hi.us or call the HDOE Assessment Section at (808) 307-3636.