

**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"/> <b>100s NT</b> <input type="checkbox"/> <b>AB</b> <input type="checkbox"/> <b>ARO</b> <input type="checkbox"/> <b>ASL</b> <input type="checkbox"/> <b>BR</b> <input type="checkbox"/> <b>BT</b> <input type="checkbox"/> <b>CC</b>	
1. Is there evaluative information indicating that the student’s disability prevents the student from accessing instructional and assessment materials?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
3. Does the student consistently 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
5. 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
6. If applicable, is the braille online form (embedded) or the paper form (non-embedded) version being considered for the student?	<input type="checkbox"/> <b>Yes/online</b> <input type="checkbox"/> <b>Yes/paper</b> <input type="checkbox"/> <b>N/A</b>	
7. 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	