



### Accommodations Verification Form

Student Name: \_\_\_\_\_ SSID: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_ School 3-digit Code: \_\_\_\_\_

School Contact Person Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Contact Person Tel No.: \_\_\_\_\_ School Contact Person E-mail: \_\_\_\_\_

Student is:  IDEA-eligible  Section 504  Recently Injured (Scribe Only)  
(check only one)

Select all that apply as identified in the student's IEP/504 Plan:

Embedded Accommodations	Non-Embedded Accommodations	
<input type="checkbox"/> American Sign Language <sup>1</sup> (ASL) <input type="checkbox"/> Braille <sup>1</sup> (BR) <input type="checkbox"/> Braille Transcript <sup>1</sup> (BT)	<input type="checkbox"/> 100s Number Table (NT) <input type="checkbox"/> Abacus (AB)	<input type="checkbox"/> Print-on-Demand (POD) <input type="checkbox"/> Read Aloud (RA) (for ELA Reading Passages) <sup>2,3</sup>
<input type="checkbox"/> Closed Captioning <sup>1</sup> (CC) <input type="checkbox"/> Text-to-Speech (TTS) (for ELA Reading Passages)	<input type="checkbox"/> Alternate Response Options (ARO) <input type="checkbox"/> Calculator (Braille/Talking) (CAL)	<input type="checkbox"/> Scribe <sup>2,3</sup> (SC) <input type="checkbox"/> Speech-to-Text <sup>2</sup> (STT)
	<input type="checkbox"/> Multiplication Table (MT)	<input type="checkbox"/> Word Prediction (WP)

<sup>1</sup>School-level personnel must set in TIDE (TTS and non-embedded accommodations are set in TIDE by the Assessment Section)

<sup>2</sup>Requires Separate Setting Designated Support (i.e., individual setting or one-on-one testing)

<sup>3</sup>Requires submittal of Security/Confidentiality Agreement Form (see Read Aloud Protocol and/or Scribing Protocol)

In the space below, state the reason the student needs the accommodation(s) as documented in the IEP/504 Plan:

The principal, SSC or care coordinator and teachers who provide classroom instruction for the student must sign this form to verify that the student meets the criteria for the accommodation(s).

Print Name	Signature	Title
		Principal
		SSC / Care Coordinator
		Teacher

Assessment Section Use Only

Verified (list all accommodations that apply): \_\_\_\_\_

Name and Date: \_\_\_\_\_

Fax the completed form (and additional sheets as necessary) to the Assessment Section at (808) 733-4483.  
 The school Test Coordinator should retain the original form for documentation purposes.