

Record of Accommodations

Student: _____

Parent/Guardian: _____

School: _____

Grade: _____ Date: _____

I – Required for Instruction

E – Required for Evaluation

Accommodation	List the subject/ course/ program/ domain where accommodation is required (prescribed, modified, alternate)	Specify whether required for instruction and/or evaluation		Instruction required around accommodation? (Detail on p. 3)	
		I	E	Yes	No
Alternate format materials (specify formats): <input type="checkbox"/> E-text <input type="checkbox"/> MP3 <input type="checkbox"/> DAISY <input type="checkbox"/> Braille <input type="checkbox"/> Kurzweil <input type="checkbox"/> large print <input type="checkbox"/> closed captions <input type="checkbox"/> other:					
Assistive technology (specify type): <input type="checkbox"/> word processor <input type="checkbox"/> text to voice software <input type="checkbox"/> DAISY readers <input type="checkbox"/> voice to text software <input type="checkbox"/> Braille <input type="checkbox"/> calculator <input type="checkbox"/> audio recording device <input type="checkbox"/> communication aid _____ <input type="checkbox"/> organizational aid _____ <input type="checkbox"/> touch screen <input type="checkbox"/> switches <input type="checkbox"/> other:					
Adaptive aids: <input type="checkbox"/> slant board <input type="checkbox"/> foot stool <input type="checkbox"/> pencil grip <input type="checkbox"/> fidget tool <input type="checkbox"/> noise reduction materials <input type="checkbox"/> other:					
Extended time					
Copies of notes					
Reading of print materials by teacher					
Behaviour management plan					
Alternate setting					
Supervised breaks					
Curriculum compacting					

Independent study					
Scribing (including any changes to test format required)					
Oral testing (including any changes to test format required)					
Transcribing					
Sign language					
Clarification of instructions					
Other (specify):					

Note: Program planning teams are responsible for referring to the *Department of Education Public Exam Accommodations/Adaptations Policy* regarding the details of these accommodations.

www.gov.nl.ca/edu/k12/studentsupportservices/publications/accommodationpolicy.pdf

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Note: Please complete page 3 for each accommodation requiring instruction.

Please duplicate this page as necessary.

Please complete the following section for each accommodation **requiring an instructional component.**

Accommodation:			
Instruction required:			
Timeframe:			
Outcome	Personnel responsible	Setting	Date achieved

Please complete the following section for each accommodation **requiring an instructional component.**

Accommodation:			
Instruction required:			
Timeframe:			
Outcome	Personnel responsible	Setting	Date achieved

Please attach to Accommodations form.