

Teacher Tool 1  
**ACCESS NEEDS THAT MAY REQUIRE ACCOMMODATIONS**

*Directions: Use these questions to identify various types of presentation, response, setting, and timing and scheduling accommodations for students with disabilities. The list is not exhaustive—its purpose is to prompt members of IEP teams and 504 planning committees to consider a wide range of accommodation needs. Use the list in planning by indicating Y (YES), N (NO), or DK/NA (Don't Know or Not Applicable).*

	Y	N	DK/ NA
<b>PRESENTATION ACCOMMODATIONS</b>			
1. Does the student have a visual impairment that requires large-type or Braille materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the student able to read and understand directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can the student follow oral directions from an adult or audiotape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student need directions repeated frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are assistive technology devices indicated on the student's IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the student been identified as having a reading disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the student have low or poor reading skills that may require the reading of tests or sections of tests that do not measure reading comprehension in order to demonstrate knowledge of subject areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the student have a hearing impairment that requires an interpreter to sign directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the student have a hearing impairment and need a listening device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RESPONSE ACCOMMODATIONS</b>			
10. Does the student have difficulty tracking from one page to another and maintaining that student's place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the student have a disability that affects the ability to record that student's responses in the standard manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Can the student use a pencil or writing instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the student use a word processor to complete homework assignments or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the student use a tape recorder to complete assignments or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the student need the services of a scribe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the student have a disability that affects that student's ability to spell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the student have a visual or motor disability that affects that student's ability to perform math computations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SETTING ACCOMMODATIONS</b>		Y	N	DK/ NA
18.	Do others easily distract the student or does that student have difficulty remaining on task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Does the student require any specialized equipment or other accommodations that may be distracting to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does the student have visual or auditory impairments that require special lighting or acoustics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Can the student focus on the student's own work in a setting with large groups of other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Does the student exhibit behaviors that may disrupt the attention of other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Do any physical accommodations need to be made for the student in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **TIMING AND SCHEDULING ACCOMMODATIONS**

24.	Can the student work continuously for the length of time allocated for standard test administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Does the student use other accommodations or adaptive equipment that require more time to complete test items (e.g., Braille, scribe, use of head pointer to type)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Does the student tire easily due to health impairments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Does the student have a visual impairment that causes eyestrain and requires frequent breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Does the student have a learning disability that affects the rate at which that student processes written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Does the student have a motor disability that affects the rate at which that student writes responses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Does the student take any type of medication to facilitate optimal performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Does the student's attention span or distractibility require shorter working periods and frequent breaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Tool 2  
**ACCOMMODATIONS FROM THE STUDENT'S PERSPECTIVE**

*Use this questionnaire to collect information about needed accommodations from the student's perspective. The questions can be completed independently or as part of an interview process. Whatever method is used however, be certain that the student understands the concept of an "accommodation," providing examples as necessary. Also, provide a list of possible accommodations to give the student a good understanding of the range of accommodations that may be available.*

1. Think about all the classes you are taking now. Which is your best class?

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2. Explain what you do well in this class.

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The things you said you can do well above are your strengths. For example, you may have mentioned reading, writing, listening, working in groups, working alone, drawing, or doing your homework as some things you can do well. If you said you really like the subject, have a good memory, and work hard in class, these are also examples of your strengths.

3. Now ask yourself, "What class is hardest?"

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4. What's the hardest part of this class for you?

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The things you said were hardest are areas you need to work on during the school year. For example, you might have listed paying attention in class, reading the book, taking tests, listening, staying in the seat, remembering new information, doing homework, or doing work in groups. These are all things in which an accommodation may be helpful for you.

5. In the list that follows, write down all of the classes you are taking now. Then look at a list of accommodations. Next to each class, write down what accommodation(s) you think might be helpful for you.

## Class List

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Classes

Accommodations


**Oklahoma State Department of Education**

Special Education Services

405-521-3351

<http://ok.gov/sde/special-education>

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"  
"  
"  
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This questionnaire was adapted from *A Student's Guide to the IEP* by the National Dissemination Center for Children with Disabilities. Retrieved July 28, 2005.