

# Section 9: Accommodations Tools for ELs

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## Tool EL-1

### Teacher Observation Checklist on Student Access Needs Requiring Accommodations

School staff might use this form prior to the EL committee meeting during which the student EL Plan is completed. Ask the student’s teacher(s) to complete this questionnaire.

Directions: Use this checklist to identify accommodations that might be effective for the EL and/or indicate instances in which the EL may need additional support from the teacher to use the accommodation effectively. The list is not exhaustive—its purpose is to prompt members of the EL committee to consider a wide range of accommodation needs. Does the accommodation offer the EL appropriate linguistic scaffolding so that the student can demonstrate his/her content knowledge and/or skills?

Indicate **Y** (yes), **Y/S\*** (Yes with support), **N** (Not at this time), or **DK/NA** (Don’t know or not applicable).

\*Y/S is an important category because it helps track the *emergence* of content knowledge and skills (per Vygotsky’s Zones of Proximal Development, Shafer, 1999). If the student can do the task with support, he/she may soon be able to complete it on his/her own.

	Y	Y/S	N	DK/NA	Corresponding Accommodation(s) and Test Administration Practice
<b>Direct Linguistic Support: Oral Accommodations</b>					
1. Is the student able to read and understand directions in English?					During testing, reading and re-reading the directions are available for all students.
2. Does the student need directions in English repeated frequently?					
3. Does the student have low/poor English reading skills that may require the reading of tests that do not measure reading comprehension in order to demonstrate knowledge of subject areas? (Does the student need all the text read to him/her?)					1-F: Human Reader or Audio Recording for Verbatim Reading of Entire Test 1-L: Text to Speech Software for Verbatim Reading of Entire Test
4. Does the student need just selected words read to him/her?					1-G: Human Reader or Audio Recording for Verbatim Reading of Selected Sections of Test 1-M: Text to Speech Software for Verbatim Reading of Selected Sections of Test
5. Does the student need support in writing down his/her spoken English?					2-A: Scribe
6. Other:					
<b>Direct Linguistic Support: Written Accommodations</b>					
7. Has the student used a bilingual word-to-word dictionary during classroom instruction or assessments or with homework assignments?					2-Q: Use of Published Word-to-Word Bilingual Dictionary
8. Does the student receive scribing support?					2-A: Scribe
9. Does the student come from a low-literacy background and require the use of tape recorder when responding to homework assignments?					2-A: Scribe
10. Other:					
<b>Indirect Linguistic Support</b>					
11. Can the student work continuously for the length of time allocated for standard test administration?					3-B: Multiple or Frequent Breaks
12. Does the student use other accommodations or equipment which requires more time to complete test items (e.g., scribe, use of bilingual dictionary, etc.)?					3-A: Extended time
13. Do others easily distract the student and/or does he/she have difficulty remaining on task?					4-A: Reduce Distractions to the Student
14. Does the student have little experience with test-taking?					2-G: Respond on Test Book 2-H: Monitor Test Response
15. Other:					

Next Steps: After completing this checklist, write a few notes to remind yourself how you would like to use these accommodations in your classroom. Use the following questions as a guide for the Next Steps you might plan:

- What accommodation(s) would you suggest be regularly used by the student during classroom instruction and assessment?
- What are the results for assignments and assessments when accommodation(s) are used (or not used)?
- What difficulties did the student experience in using the accommodation(s)?
- What is the student's perception of how well the accommodation(s) "worked?"
- What are the perceptions of parents, teachers, and specialists about how the accommodation(s) worked?
- Should the student use accommodation(s), or are changes needed?

## Tool EL-2

### Accommodations from the Student's Perspective

It is critical for ELs to learn self-advocacy strategies for success in school and throughout life. Some students may come to the learning environment having had limited experience expressing personal preferences and advocating for themselves. Speaking out about preferences, particularly in the presence of “authority figures,” may be a new role for students, one for which they need guidance and feedback. Teachers and other EL committee members can play a key role in working with students to advocate for themselves in the context of selecting, using, and evaluating accommodations.

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, make sure 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?
2. Explain what you do well in this class.

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, and doing your homework as some things you can do well. Also, if you said, for example, 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?
4. What's the hardest part of this class for you?

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, 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 “Class” box below, 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.

Classes	Accommodations

# Tool EL-3

## Student Assessment Accommodations Agreement

Here is an example of a form a student could carry on test day to the test administrator or teacher. This type of format puts the student in charge (building self-advocacy skills) and sets the expectation that, with these accommodations, the student can show what he/she knows on the test. Some accommodations (e.g., large print test book) need to be arranged long before test day, but should still be included on this list to make sure the student receives the correct test book. A similar form could be carried to class to remind teachers of daily accommodations.

I, \_\_\_\_\_  
(Student Name)

need the following accommodations to take this test:

If you need more information about these accommodations, you can talk to:

\_\_\_\_\_  
(Name of ESOL teacher, parent, principal, and/or related service provider)

Thank you for helping me to do my best on this test!

\_\_\_\_\_  
(Student Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

# Tool EL-4

## School Accommodations Logistics Planning Checklist

**Directions:** The checklist can be used in the planning and implementation of assessment accommodations for an individual student. Use the checklist by indicating **Y** (Yes), **N** (No), or **DK/NA** (Don't Know or Not Applicable). School staff might print, complete this form, and keep it with the student's EL Plan in the student's cumulative folder.

	Y	N	DK/NA
<b>Accommodations Throughout the Academic Year</b>			
1. Accommodations are documented on student's EL plan.			
2. Student uses accommodations regularly and evaluates use.			
3. A master accommodations plan/database listing assessment accommodation needs for all students tested is updated regularly.			
<b>Preparation for Test Day</b>			
4. Test administrators/accommodators receive a list of accommodation needs for students they will supervise (list comes from master accommodations plan/database).			
5. Adult supervision is arranged, and test administrators receive training for each student receiving accommodations in small-group or individual settings, including extended time (with substitutes available).			
6. Trained human readers and/or scribes are arranged for individual students (with back-up personnel identified and available in case of absence on the part of the accommodators).			
7. Special equipment (e.g., word processor) is arranged and checked for correct operation.			
<b>Accommodations on the Day of the Test</b>			
8. All eligible students receive accommodations as determined by their EL Plans.			
9. Provision of accommodations is recorded by test administrator.			
<b>Considerations After the Day of the Test</b>			
10. Does the student use other accommodations or equipment which requires more time to complete test items (e.g., scribe, use of published word-to-word bilingual dictionary, etc.)?			
11. Responses are transferred to scannable answer sheets for students using special equipment and adapted test forms and response documents.			
12. All equipment is returned to appropriate locations.			
13. Students who take make-up tests receive needed accommodations.			
14. Effectiveness of accommodations use is evaluated by test administrators, and students and plans are made for improvement.			

# Tool EL-5A

## Accommodations Documentation for English Learners (ELs) Active and Refused ESOL Services ELs

This form must be completed or updated within 45 calendar days from start of school year or student date of enrollment.

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Last name First name MI

Assessment(s) for which accommodation(s) is/are being proposed \_\_\_\_\_

Entry date: \_\_\_\_\_ MSA Reading Exemption: Yes  No  Math scores to be excluded: Yes  No   
 (Date first enrolled in a school in US school system)

Last English Language Proficiency (ELP) assessment date \_\_\_\_\_

Proficiency level: **Speaking** \_\_\_\_\_ **Listening** \_\_\_\_\_ **Reading** \_\_\_\_\_ **Writing** \_\_\_\_\_  
**Overall** \_\_\_\_\_

**Assessment Accommodations below also reflect accommodations used in daily instruction.**  
 ACCOMMODATION(S) PROVIDED (Check where appropriate):

Direct Linguistic Support in English: Oral/Written <span style="float: right;"><input type="checkbox"/> None</span>	Indirect Linguistic Support/ Test Administration Practices <span style="float: right;"><input type="checkbox"/> None</span>
<input type="checkbox"/> 1-F. Human reader or audio recording for verbatim reading of entire test	<input type="checkbox"/> 2-G. Respond on test book
<input type="checkbox"/> 1-G. Human reader or audio recording for verbatim reading of selected sections of the test	<input type="checkbox"/> 2-H. Monitor test response
<input type="checkbox"/> 1-L. Text to speech software for verbatim reading of entire test	<input type="checkbox"/> 2-M. Graphic organizers
<input type="checkbox"/> 1-M. Text to speech software for verbatim reading of selected sections of test	<input type="checkbox"/> 3-A. Extended time
<input type="checkbox"/> 2-A. Scribe	<input type="checkbox"/> 3-B. Multiple or frequent breaks
<input type="checkbox"/> 2-Q. Use of published word-to-word bilingual dictionary	<input type="checkbox"/> 3-C. Change schedule or order of activities— Extend over multiple days
<input type="checkbox"/> 5-A. Unique—proposed by Local Accountability Coordinator or EL staff and approved by MSDE Assessment Office and EL staff	<input type="checkbox"/> 3-D. Change schedule or order of activities— Within one day
	<input type="checkbox"/> 4-A. Reduce distractions to the student
	<input type="checkbox"/> 4-B. Reduce distractions to other students
	<input type="checkbox"/> 5-A. Unique—proposed by Local Accountability Coordinator or EL staff and approved by MSDE Assessment Office and EL staff

Additional accommodations currently used in the classroom (e.g., notes, outlines and instructions, recorded books, etc):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Recommended by the following members of the EL Committee (Check where appropriate) Date \_\_\_\_\_**  
 \_\_\_\_\_ ESOL Teacher \_\_\_\_\_ Classroom Teacher \_\_\_\_\_ Reading Specialist \_\_\_\_\_ ESOL Contact Personnel  
 \_\_\_\_\_ Other (Please describe) \_\_\_\_\_

Committee Chair's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_  
 Principal's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_

MSDE recommends that an attempt be made to involve parents and have their signatures on file. However, if parent signatures are not available, then this form should be mailed to them and an explanation provided if requested.

# Tool EL-5B

## Accommodations Documentation for Reclassified English Learners (RELS)

This form must be completed or updated within 45 calendar days from start of school year or student date of enrollment.

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Last name First name MI

Assessment(s) for which accommodation(s) is/are being proposed \_\_\_\_\_

Exit date: \_\_\_\_\_  REL 1\*  REL 2\*\*  
(Date exited from ESOL services)

Last English Language Proficiency (ELP) assessment date \_\_\_\_\_

Proficiency level: **Speaking** \_\_\_\_\_ **Listening** \_\_\_\_\_ **Reading** \_\_\_\_\_ **Writing** \_\_\_\_\_  
**Overall** \_\_\_\_\_

**Assessment Accommodations below also reflect accommodations used in daily instruction.**  
 ACCOMMODATION(S) PROVIDED (Check where appropriate):

<b>Direct Linguistic Support in English: Oral/Written</b> <input type="checkbox"/> None	<b>Indirect Linguistic Support/ Test Administration Practices</b> <input type="checkbox"/> None
<input type="checkbox"/> 2-Q. Use of published word-to-word bilingual dictionary <input type="checkbox"/> 5-A. Unique—proposed by Local Accountability Coordinator or EL staff and approved by MSDE Assessment Office and EL staff	<input type="checkbox"/> 3-A. Extended time <input type="checkbox"/> 3-B. Multiple or frequent breaks <input type="checkbox"/> 3-D. Change schedule or order of activities—Within one day <input type="checkbox"/> 4-A. Reduce distractions to the student <input type="checkbox"/> 5-A. Unique—proposed by Local Accountability Coordinator or EL staff and approved by MSDE Assessment Office and EL staff

Additional accommodations currently used in the classroom (e.g., notes, outlines and instructions, recorded books, etc):

\_\_\_\_\_  
 \_\_\_\_\_

**Recommended by the following members of the EL Committee (Check where appropriate) Date \_\_\_\_\_**

\_\_\_\_ ESOL Teacher    \_\_\_\_ Classroom Teacher    \_\_\_\_ Reading Specialist    \_\_\_\_ ESOL Contact Personnel  
 \_\_\_\_ Other (Please describe) \_\_\_\_\_

Committee Chair's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_  
 Principal's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_

MSDE recommends that an attempt be made to involve parents and have their signatures on file. However, if parent signatures are not available, then this form should be mailed to them and an explanation provided if requested.

\*REL 1 is a student exited from ESOL in the late spring or early fall of the previous year and is in year 1 of monitoring.  
 \*\*REL 2 is a student exited from ESOL in the late spring or early fall of the year prior to the previous year and is in year 2 of monitoring.

Section 9



# Tool EL-5C

## Accommodations Documentation Update for English Learners (ELs) including Refused ESOL Services ELs and RELs

The accommodations plan may be updated if needed based on documented student progress within a school year. This form should be used as an addendum to Tool 9-5A and 5B to document any changes to an existing EL accommodation plan in a given school year.

Recommended by the following members of the EL Committee (Check where appropriate) Date \_\_\_\_\_

\_\_\_\_\_ ESOL Teacher    \_\_\_\_\_ Classroom Teacher    \_\_\_\_\_ Reading Specialist    \_\_\_\_\_ ESOL Contact Personnel

\_\_\_\_\_ Other (Please describe) \_\_\_\_\_

The following **changes** will be applied to the accommodation plan for school year \_\_\_\_\_

Action (added or deleted)	Accommodation	Rationale

Committee Chair's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Name printed \_\_\_\_\_ Date \_\_\_\_\_

MSDE recommends that an attempt be made to involve parents and have their signatures on file. However, if parent signatures are not available, then this form should be mailed to them and an explanation provided if requested.

# Tool EL-6A

## Sample Plan for Elementary School Students Designated as English Learners

Information in this plan required under Federal Law (Title III, Sec. 3302, No Child Left Behind Act of 2001). **NOTE:** This information may be contained in various documents in the student file, or may be summarized in a format similar to this one.

Date \_\_\_\_\_ Interviewer \_\_\_\_\_

### General Data

Local School System \_\_\_\_\_ School \_\_\_\_\_

Grade Placement \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_  
Last name First name MI

Student ID \_\_\_\_\_ Country of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

Residency Status:  Immigrant  Refugee

Current Address \_\_\_\_\_

Language First Spoken \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

Additional Language(s) Spoken \_\_\_\_\_

Date of Entry in US \_\_\_\_\_ Local School System Enrollment Date \_\_\_\_\_

Full Name of Parent/Guardian/Sponsor:

\_\_\_\_\_ Last name First name MI

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other Contact Person/Agency \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School/home communication to parent/guardian requested in:

English  Native Language  Oral  Written

## Academic History

Age Started School \_\_\_\_\_ Years in Preschool/K \_\_\_\_\_

Years in (1-5) \_\_\_\_\_ Retained in Grade(s) \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

Interrupted Schooling:  Yes  No  Limited Schooling  No Formal Schooling

Schools Attended	City/Country	School Year	Grade	Age	Language of Instruction

Has student received or been referred for special education?  Yes  No

Are there any concerns about your child's health or has your child had personal experiences that might have an impact on school performance?  Yes  No

Remarks

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## English Language Proficiency Assessment (ELPA) Information

Test Name	Score	P Level	Category
ELPA — Speaking			
ELPA — Listening			
ELPA — Reading			
ELPA — Writing			
ELPA — Overall			

ESOL Eligibility:  Yes  No Test Date \_\_\_\_\_



# Tool EL-6B

## Sample Plan for Secondary School Students Designated as English Learners

Information in this plan required under Federal Law (Title III, Sec. 3302, No Child Left Behind Act of 2001). **NOTE:** This information may be contained in various documents in the student file, or may be summarized in a format similar to this one.

Date \_\_\_\_\_ Interviewer \_\_\_\_\_

### General Data

Local School System \_\_\_\_\_ School \_\_\_\_\_

Grade Placement \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_  
Last name First name MI

Student ID \_\_\_\_\_ Country of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

Residency Status:  Immigrant  Refugee

Current Address \_\_\_\_\_

Language First Spoken \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

Additional Language(s) Spoken \_\_\_\_\_

Date of Entry in US \_\_\_\_\_ Local School System Enrollment Date \_\_\_\_\_

Full Name of Parent/Guardian/Sponsor:

\_\_\_\_\_ Last name First name MI

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Other Contact Person/Agency \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School/home communication to parent/guardian requested in:

English  Native Language  Oral  Written

## Academic History

Age Started School \_\_\_\_\_ Years in Preschool/K \_\_\_\_\_

Years in (1-5) \_\_\_\_\_ Retained in Grade(s) \_\_\_\_\_

Last Grade Completed \_\_\_\_\_

Interrupted Schooling:  Yes  No  Limited Schooling  No Formal Schooling

Schools Attended	City/Country	School Year	Grade	Age	Language of Instruction

Has student received or been referred for special education?  Yes  No

Are there any concerns about your child's health or has your child had personal experiences that might have an impact on school performance?  Yes  No

Remarks

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## English Language Proficiency Assessment (ELPA) Information

Test Name	Score	P Level	Category
ELPA — Speaking			
ELPA — Listening			
ELPA — Reading			
ELPA — Writing			
ELPA — Overall			

ESOL Eligibility:  Yes  No Test Date \_\_\_\_\_

## Level of Academic Achievement (Prior to enrollment to in LSS)

(e.g., previous academic records, previous grade completed in native country, informal assessments in native language, etc.)

Subject	Below Level	On/Above Level	Method Used to Determine Level	Information Not Available
Mathematics				
Reading				
Writing				

## Transcript/Grades (For grades 9-12):

- Transcript/grades from previous school evaluated
- Transcript/grades not available

## Maryland High School Graduation Standards

Expected Date of Graduation: \_\_\_\_\_

Program Options Available:

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School Placement \_\_\_\_\_

# Participation in the State-Required Assessment and Accountability System

Date of Entry to an English Speaking School \_\_\_\_\_

## Student will participate in

Annual English Language Proficiency Assessment: Year

State-Required Assessment and Accountability Programs: Year

**Accommodations will be provided** (Complete EL Accommodations Form)

## Program Exit/Expected Rate of Transition

With regular school attendance and parental support, it is anticipated that the student will transition to full participation in classrooms that are not tailored for students with Limited English proficiency in \_\_\_\_\_ years.

## Signatures of individuals approving the EL Program Service Plan

\_\_\_\_\_  
Principal or Designee Date

\_\_\_\_\_  
ESOL and/or Classroom teacher Date

\_\_\_\_\_  
ESOL Resource Teacher Date

\_\_\_\_\_  
Parent/Guardian Date