

Section 9: Accommodations Tools for ELs

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
Direct Linguistic Support: Oral Accommodations					
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:					
Direct Linguistic Support: Written Accommodations					
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:					
Indirect Linguistic Support					
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
Accommodations Throughout the Academic Year			
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.			
Preparation for Test Day			
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.			
Accommodations on the Day of the Test			
8. All eligible students receive accommodations as determined by their EL Plans.			
9. Provision of accommodations is recorded by test administrator.			
Considerations After the Day of the Test			
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 <input type="checkbox"/> None	Indirect Linguistic Support/ Test Administration Practices <input type="checkbox"/> None
<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):

Direct Linguistic Support in English: Oral/Written <input type="checkbox"/> None	Indirect Linguistic Support/ Test Administration Practices <input type="checkbox"/> None
<input type="checkbox"/> 2-Q. Use of published word-to-word bilingual dictionary	<input type="checkbox"/> 3-A. Extended time
<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-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

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

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:

School Placement _____

