

Section 9: Accommodations Tools for English Language Learners (ELLs)

Tool ELL-1

Access Needs that May Require Accommodations

Directions: Use these questions to identify various types of Presentation, Response, Timing/Scheduling, and/or Setting accommodations for students who are English language learners. The list is not exhaustive—its purpose is to prompt members of IEP teams 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
Presentation Accommodations			
1. Is the student able to read and understand directions in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can the student follow oral directions in English from an adult or audiotape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student need directions in English repeated frequently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student have low/poor English 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"/>
Response Accommodations			
5. Does the student use a word processor to complete homework assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the student use a tape recorder to complete assignments or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the student use the services of a scribe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing/Scheduling Accommodations			
8. Can the student work continuously for the length of time allocated for standard test administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the student use other accommodations or equipment which require more time to complete test items (e.g., scribe, use of bilingual dictionary, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting Accommodations			
10. Do others easily distract the student and/or does he/she have difficulty remaining on task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>
12. Do any physical accommodations need to be made for the student in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tool ELL-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, 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, or 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 you 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 ELL-3

Assessment Accommodations Plan

Student Information _____

Name _____

Date of Assessment _____ Year _____ Building/School _____

Name of Assessment _____ General Education Teacher _____

Is the ELL student also an SWD with an IEP in effect? ☐ Yes ☐ No

Assessment accommodations student needs for this assessment and date arranged: _____ Date _____

1. _____

2. _____

3. _____

4. _____

Comments: _____

Person responsible for arranging accommodations and due date: _____ Date _____

1. _____

2. _____

3. _____

4. _____

Comments: _____

Room Assignment for Assessment: _____

Planners for this process (signatures): _____

Adapted from Thurlow, Elliott, Ysseldyke (2003)

Assessment Accommodations Agreement

Here is an example of a form a student could carry on test day. 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., special test editions) 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 booklet. A similar form could be carried to class to remind teachers about daily accommodations. Different schools, teachers, and students might format these statements differently. The student should present the list of necessary accommodations to the test administrator or teacher.

I, _____
(Student's 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 ELL-5

Logistics Planning Checklist

Directions: This Logistics Planning 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).

	Y	N	DK/NA
<i>Accommodations Throughout the Academic Year</i>			
1.Accommodations are documented on student's ELL plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.Student uses accommodations regularly and evaluates use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.A master accommodations plan/data base listing assessment accommodation needs for all students tested is updated regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Preparation for Test Day</i>			
4.Special test editions are ordered for individual students based on information contained in the master accommodations plan (e.g., audio tape, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.Test administrators/proctors receive a list of accommodation needs for students they will supervise (list comes from master accommodations plan/data base).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.Trained readers and/or scribes are arranged for individual students (with back-up personnel identified available in case of absence on the part of the accommodators).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.Special equipment is arranged and checked for correct operation (e.g., tape recorder, word processor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Accommodations on the Day of the Test</i>			
9.All eligible students receive accommodations as determined by their ELL Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.Provision of accommodations is recorded by test administrator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.Substitute providers of accommodations are available as needed (e.g., readers, scribes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.Plans are made to replace defective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tool ELL-5 (continued)

<i>Considerations After the Day of the Test</i>	<i>Y</i>	<i>N</i>	<i>DK/NA</i>
13.Responses are transferred to scannable answer sheets for students using special equipment and adapted test forms and response documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.All equipment is returned to appropriate locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.Students who take make up tests receive needed accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.Effectiveness of accommodations use is evaluated by test administrators and students and plans are made for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accommodations Journal

One way to keep track of what accommodations work for a student is to support the student in keeping an “accommodations journal.” The journal lets the student be “in charge” and could be kept up-to-date through regular consultation with an ESOL teacher or other appropriate staff member. Just think how much easier it would be for an ELL team to decide which accommodations to document on a student’s ELL plan if the student came to the ELL meeting with a journal documenting all of these things:

- accommodations used by the student in the classroom and on tests;
- test and assignment results when accommodations are used and not used;
- student’s perception of how well an accommodation “works”;
- effective combinations of accommodations;
- difficulties of accommodations use; and
- perceptions of teachers and others about how the accommodation appears to be working.

In the spaces provided below, design and organize the use of an accommodations journal for one of your students. Answer these questions:

1. What would you include as headings for the journal?
2. When would the student make entries in the journal, and what types of support would the student need to make these entries?
3. With whom would the student share journal entries and when would it be done?
4. How could the journal be used in the development of a student’s ELL Plan?

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Tool ELL-7

Sample Plan for Elementary School Students Designated as English Language Learners (ELLs)

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

Student Name _____
Last First Middle

Student ID _____ School _____

Grade Placement _____ School Year _____

Current Address _____ Zip Code _____

Local School System _____

School Name/Number _____

Date of Birth _____ Age _____ Gender M ☐ F ☐ Country of Birth _____

Residency Status ☐ Immigrant ☐ Refugee

Language first spoken _____

Language spoken at home _____

Additional language(s) spoken _____

Date of entry in U.S. _____

LSS enrollment status (date) _____
Month Day Year

Full Name of Parent/Guardian/Sponsor _____
Last First Middle

Home phone _____ Work phone _____ Cell phone _____

Other Contact Person/Agency _____ Phone _____

School/home communication to parent/guardian requested in:

☐ English ☐ Native Language ☐ Oral ☐ Written

Tool ELL-7 (continued)

Sample Plan for Elementary School Students Designated as English Language Learners (ELLs)

ACADEMIC HISTORY

Age Started School _____

Years in Preschool/K _____

Years in (1 – 5) _____

Retained in Grade(s) _____

Last Grade Completed _____

Interrupted Education ☐ Yes ☐ No ☐ Limited Schooling ☐ No Formal Schooling

List of Schools Attended

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

Tool ELL-7 (continued)

Sample Plan for Elementary School Students Designated as English Language Learners (ELLs)

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 TEST INFORMATION

Test Name	Score	Level	Category
ELPT – Oral			
ELPT – Reading			
ELPT – Writing			

ESOL Eligibility ☐ Yes ☐ No Test Date _____

LEVEL OF ACADEMIC ACHIEVEMENT

(Prior to enrollment 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				

PROGRAM OPTIONS AVAILABLE

School Placement: _____

Tool ELL-7 (continued)

Sample Plan for Elementary School Students Designated as English Language Learners (ELLs)

PARTICIPATION IN THE STATE-REQUIRED ASSESSMENT AND ACCOUNTABILITY SYSTEM

Date of entry to an
English Speaking School _____
Month Day Year

☐ **Student will participate in:**

☐ Annual English Language Proficiency Assessment _____ Year

☐ State-required Assessment and Accountability Programs ____ Year

☐ **Accommodations will be provided**

(Complete ELL Accommodations Form)

☐ **Accommodations will no longer be provided when the student's ELPT scores are:**

• ELPT – Oral Level ____

• ELPT – Reading Level ____

• ELPT – Writing Level ____

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 ELL Program Service Plan:

Principal or designee	Date
ESOL and/or Classroom Teacher	Date
ESOL Resource Teacher	Date
Parent/Guardian	Date

Tool ELL-8

Sample Plan for Secondary School Students Designated as English Language Learners (ELLs)

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

Student Name _____
Last First Middle

Student ID _____ School _____

Grade Placement _____ School Year _____

Current Address _____ Zip Code _____

Local School System _____

School Name/Number _____

Date of Birth _____ Age _____ Gender M ☐ F ☐ Country of Birth _____

Residency Status ☐ Immigrant ☐ Refugee

Language first spoken _____

Language spoken at home _____

Additional language(s) spoken _____

Date of entry in U.S. _____

LSS enrollment status (date) _____
Month Day Year

Full Name of Parent/Guardian/Sponsor _____
Last First Middle

Home phone _____ Work phone _____ Cell phone _____

Other Contact Person/Agency _____ Phone _____

School/home communication to parent/guardian requested in:

☐ English ☐ Native Language ☐ Oral ☐ Written

Tool ELL-8 (continued)

Sample Plan for Secondary School Students Designated as English Language Learners (ELLs)

ACADEMIC HISTORY

Age Started School _____

Years in Preschool/K _____

Years in (1 – 5) _____

Retained in Grade(s) _____

Last Grade Completed _____

Interrupted Education ☐ Yes ☐ No ☐ Limited Schooling ☐ No Formal Schooling

List of Schools Attended

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

Tool ELL-8 (continued)

Sample Plan for Secondary School Students Designated as English Language Learners (ELLs)

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 TEST INFORMATION

Test Name	Score	Level	Category
ELPT – Oral			
ELPT – Reading			
ELPT – Writing			

ESOL Eligibility ☐ Yes ☐ No

Test Date _____

LEVEL OF ACADEMIC ACHIEVEMENT

(Prior to enrollment 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 schools evaluated

☐ Transcript/grades not available

MARYLAND HIGH SCHOOL GRADUATION STANDARDS

Expected date of graduation

Month _____ Year _____

PROGRAM OPTIONS AVAILABLE

School Placement: _____

Tool ELL-8 (continued)

Sample Plan for Secondary School Students Designated as English Language Learners (ELLs)

PARTICIPATION IN THE STATE-REQUIRED ASSESSMENT AND ACCOUNTABILITY SYSTEM

Date of entry to an
English Speaking School _____
Month Day Year

☐ **Student will participate in:**

☐ Annual English Language Proficiency Assessment _____ Year

☐ State-required Assessment and Accountability Programs ____ Year

☐ **Accommodations will be provided**
(Complete ELL Accommodations Form)

☐ **Accommodations will no longer be provided when the student's ELPT scores are:**

• ELPT – Oral Level ____

• ELPT – Reading Level ____

• ELPT – Writing Level ____

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 ELL Program Service Plan:

Principal or designee	Date
ESOL and/or Classroom Teacher	Date
ESOL Resource Teacher	Date
Parent/Guardian	Date

Tool ELL-9A

Accommodations Documentation for English Language Learners (ELLs)

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

Student _____

School _____ Grade _____

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

Last English Language Proficiency (ELP) assessment date _____

Scores: Oral _____ Reading _____ Writing _____ Proficiency level _____

Assessment Accommodations below reflect accommodations also used in daily instruction.

ACCOMMODATION(S) PROVIDED (Check as appropriate):

1. Presentation ☐ None

- ☐ 1-F. Human reader, audio tape, or compact disk recording for verbatim Reading of entire test
- ☐ 1-G. Human reader, audio tape, or compact disk recording for verbatim Reading of selected sections of the test
- ☐ 1-M. Screen Reader for verbatim Reading of entire test
- ☐ 1-N. Screen reader for verbatim Reading of selected sections of test
- ☐ 1-Q. Talking materials
- ☐ 1-R. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff

2. Response ☐ None

- ☐ 2-A. Scribe
- ☐ 2-E. Electronic Note Takers and Word Processors
- ☐ 2-F. Tape recorder
- ☐ 2-G. Respond on test booklet
- ☐ 2-H. Monitor test response
- ☐ 2-K. Spelling and grammar devices (not permitted to be used on the English HSA)
- ☐ 2-N. Bilingual dictionaries
- ☐ 2-Q. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff

3. Timing and Scheduling ☐ None

- ☐ 3-A. Extended time
- ☐ 3-B. Multiple or frequent breaks
- ☐ 3-C. Change schedule or order of activities-Extend over multiple days
- ☐ 3-D. Change schedule or order of activities-within one day
- ☐ 3-E. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff

4. Setting ☐ None

- ☐ 4-A. Reduce distractions to the student
- ☐ 4-B. Reduce distractions to other students
- ☐ 4-C. Change location to increase physical access or to use special equipment within school building
- ☐ 4-E. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff

Tool ELL-9A (continued)

Accommodations Documentation for English Language Learners (ELLs)

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

Recommended by the following members of the ELL Team: (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'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 ELL-9B

Accommodations Documentation Update Form for English Language Learners (ELLs)

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 Accommodations Tool 9-A to document any changes to an existing ELL accommodation plan in a given school year.

Reviewed by the following members of the ELL Team: (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'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.

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Tool ELL-9C

Accommodations Documentation Form for Reclassified English Language Learners (RELLs)

(RELL students are also sometimes known as Reclassified Limited English Proficient or RLEP.)

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

Student _____
Last First Middle

School _____ Grade _____

Exit Date _____ (date exited from ESOL services) ☐ RELL 1* ☐ RELL 2**

Last English Language Proficiency (ELP) assessment date _____

Scores: Oral _____ Reading _____ Writing _____ Proficiency level _____

Assessment Accommodations below reflect accommodations also used in daily instruction.

ACCOMMODATION(S) PROVIDED (Check as appropriate):

<p>1. Presentation <input type="checkbox"/> None</p> <p><input type="checkbox"/> 1-R. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff</p>	<p>2. Response <input type="checkbox"/> None</p> <p><input type="checkbox"/> 2-K. Spelling and grammar devices (not permitted to be used on the English HSA)</p> <p><input type="checkbox"/> 2-N. Bilingual dictionaries</p> <p><input type="checkbox"/> 2-Q. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff</p>
<p>3. Timing and Scheduling <input type="checkbox"/> None</p> <p><input type="checkbox"/> 3-A. Extended time</p> <p><input type="checkbox"/> 3-B. Multiple or frequent breaks</p> <p><input type="checkbox"/> 3-D. Change schedule or order of activities- Within one day</p> <p><input type="checkbox"/> 3-E. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff</p>	<p>4. Setting <input type="checkbox"/> None</p> <p><input type="checkbox"/> 4-A. Reduce distractions to the student</p> <p><input type="checkbox"/> 4-E. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff</p>

* RELL 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.
 ** RELL 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.

Tool ELL-9C (continued)

Accommodations Documentation Form for Reclassified English Language Learners (RELLs)

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

Recommended by the following members of the ELL Team: (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'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.