

LEP ACCOMMODATIONS CHECKLIST

Appendix C

Name: _____ Grade: _____

School: _____ Teacher: _____

ELDA SCORES: _____ Listening _____ Speaking _____ Reading _____ Writing

IDEA SCORES: _____ Listening _____ Speaking _____ Reading _____ Writing

I. Modifications needed in the regular classroom

- None
- Test read aloud
- Extended time for tests
- Modified / shortened tests
- Repeated directions
- Bilingual dictionary / electronic translator allowed at all times
- Preferential seating
- Extended time to complete assignments
- Shortened, modified, fewer, or taped assignments
- Reduced paper / pencil tasks
- Increased hands-on activities
- Cooperative learning / peer assistance
- Peer assistance for note taking
- Photocopied notes / study guide
- Taped textbooks / novels
- Spelling deductions discounted
- Compositions and written assignments sometimes accepted in native language
- Native language reading material sometimes allowed
- Community volunteer tutoring
- Other: _____

Please circle the checks on those modifications that no longer remain necessary.

II. Accommodations needed for all standardized testing

(To be completed by ESL / SBLC prior to testing. Testing accommodations can only be provided if accommodations are used in the regular classroom. The student's answer document must be coded if any of the above modifications are used during the testing.)

- None
- Individual / small group administration
- Repeated directions
- Bilingual dictionary/electronic translator allowed on all sections
- Test read aloud (except for reading comprehension)
- Other: _____

III. LEP Federal Guidelines

- Given a copy of the ELL Federal Guidelines

_____ I acknowledge that I have been made aware of ACCOMMODATIONS necessary as they pertain to the student in my class.

_____ I acknowledge that I have been made aware of TESTING ACCOMMODATIONS necessary as they pertain to the student in my class.

_____ I acknowledge that I have been made aware of ELL FEDERAL GUIDELINES as they pertain to the student in my class.

Teacher's Signature: _____ Date: _____

ESL Teacher's Signature: _____ Date: _____

SBLC Chairperson: _____ Date: _____

(Counselor)

Additional Teachers' Signatures: _____
(If needed)