

Accommodations: Alternate ACCESS for ELLs



Completed by: _____

Date: _____

Student: _____

Student ID: _____

District/School: _____

Grade: _____

Team Members: _____

Accommodations:

1. **Extended testing of a test domain over multiple days (EM).** *Provide written request and evidence of need to state education agency.*

Listening

Speaking

Reading

Writing

2. **Interpreter signs directions in ASL (SD).** *Sign administration instructions, test directions, and practice items. Do not sign scored items.*

Listening

Speaking

Reading

Writing

3. **Scribe (SR).** *A trained adult records student responses during testing.*

Listening

Speaking *(not available)*

Reading

Writing

4. **Recording device and transcription (RD).** *Clear device after transcription.*

Listening *(not available)*

Speaking *(not available)*

Reading *(not available)*

Writing

5. **Test administered in a non-school setting (NS).** *Provide written request and evidence of need to state education agency.*

Listening

Speaking

Reading

Writing

6. **Word processor or similar keyboarding device (WD).** *Clear device after verbatim transcription.*

Listening

Speaking *(not available)*

Reading

Writing