**Unique Accommodation Request**

**Writer/Scribe**

**ACCESS for ELLs: Writing Domain 2020-2021**

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| **Contact Information** |
| District Assessment Coordinator: | Date: |
| District Name: | School Name: |
| In signing and submitting this form to CDE for consideration for approval, the principal/designee and DAC assures that:* The school team met and considered all listed accommodations before proposing this unique accommodation.
* This accommodation is documented on the student’s IEP or 504 plan.
* The proposed accommodation is used *regularly* and *with fidelity* for routine class instruction and assessment.
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| DAC Signature: |
| **Student Information** |
| Name:  | SASID: |
| Grade: |  |
| **Criterion 1: The student has a current special education plan or has a 504 plan.** |
| Type of plan: 🞎 IEP 🞎 504 PlanDate of most recent plan:  |
| Disability Category(ies): |
| 🞎 Autism Spectrum | 🞎 Deaf-blindness | 🞎 Hearing Impairment, Including Deafness |
| 🞎 Intellectual Disability | 🞎 Multiple Disabilities | 🞎 Orthopedic Impairment |
| 🞎 Other Health Impaired | 🞎 Serious Emotional Disability | 🞎 Specific Learning Disabilities |
| 🞎 Speech or Language Impairment | 🞎 Traumatic Brain Injury | 🞎 Visual Impairment, Including Blindness |
| **Request** |
| **Writer/Scribe for the ACCESS for ELLs assessment includes:** Scribe for both computer and paper-based Unique Accommodation: Scribe for the writing domain.  ACCESS for ELLs: Writing Domain (submit data from evaluation; include writing/keyboarding sample)* Submit additional documentation indicating neurological or orthopedic impact.

**See Guidance Document for additional support** |

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| **Criterion 2: The student has a documented orthopedic or neurological impairment which significantly limits or prevents written expression.** |
| The student has an:Orthopedic Impairment – does not have to be listed as primary disability on IEP ***OR*** Neurological Impairment - other documented disability significantly impacting the motoric process of writing – does not have to be listed as primary disability on IEP. | 🞎 **No. Stop here.**🞎 **Yes.** The student is identified as having an orthopedic or neurological impairment; however, it does **not** impact the student’s motoric processes in a way that significantly limits the student’s ability to write or type independently. **Stop here.**🞎 **Yes.** The student is identified as having an orthopedic or neurological impairment which impacts the student’s motoric processes in a way that significantly limits the student’s ability to write or type independently. **Complete supporting data and continue to Criterion #3.** | Impact of orthopedic/neurological impairment on writing: |
| **Criterion 3: The student’s level of fine mine motor writing skills are documented by evaluation on at least one recent, locally-administered diagnostic assessment.** |
| A fine motor or neurological assessment has been given within one academic year. (If a fine motor evaluation is not necessary due to a student’s on-going orthopedic impairment, include date of last evaluation and summary of results.) | 🞎 **No. Stop here.**🞎 **Yes.** The evaluation indicates the student is below grade level in writing; however, the inability to express through writing is not due to an orthopedic or neurological impairment impacting the motoric process of writing. **Stop here.**🞎 **Yes.** The evaluation supports that the student displays a neurological or continued orthopedic impairment impacting the motoric process of writing**. Complete supporting data and continue to Criterion #4.** | Most recent date of fine motor evaluation or diagnostic assessment:Summary of results: |

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| **Criterion 4: The student uses Writer/Scribe accommodation during regular instruction and during classroom assessments.** |
| The student has been instructed on use of one or more Assistive Technology device(s)/software or scribe during regular classroom instruction and during classroom assessments. | 🞎 **No. Stop here.**🞎 **Yes.** The student has tried one or more types of AT, but only uses them with an interventionist. **Stop here.**🞎 **Yes.** The student has tried working with a scribe, but only intermittently and/or with an interventionist (less than 55% of the time). **Stop here.**🞎 **Yes.** The student regularly uses AT for writing (greater than 55% of the time). **Complete supporting data.** 🞎 **Yes.** The student regularly uses AT for writing but is still struggling with using the device or software. The student is heavily dependent on using a human supported scribe. **Complete supporting data.** 🞎 **Yes.** The student does not use AT due to ongoing additional complications. The student only uses a scribe for writing (greater than 55% of the time). **Complete supporting data.** | Most recent date of fine motor evaluation/SWAAC consultation:How often does the student engage with the technology or with a Scribe?Identify the primary method of written expression/communication used most often by the student in the classroom:🞎 Scribe 🞎 Scribe for sign🞎 Keyboard 🞎 Adaptive communication device🞎 Speech-to-TextAttach a writing sample/typing sample that reflects no accommodation or support. See Guidance Document. |
| **Unique Accommodation Request** |
| The student meets all the preceding criteria for the **Writer/Scribe** accommodation.  | 🞎 **Yes.** Submit this UNIQUE ACCOMMODATION REQUEST for approval from CDE. Check with your DAC to obtain district-specific requirements and deadlines. | 🞎 UAR form and data submitted to DAC 🞎 Student added to district spreadsheet for batch submission to CDE * State ID is included

🞎 UAR form and accompanying data submitted to CDE on or before 12/1/2020 for ACCESS for ELLs – Writing Domain🞎 Approval/denial received from CDE Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |