ELA/CSLA Spoken Response on Constructed Responses

Contact Information:

School Name: _____ Request Date: _____

SAC Name: _____

Student Information:

Student Name: _____ SASID: _____ Grade: _____

Criterion 1: The student has a current special education plan or has a 504 plan.

Type of plan: ☐ IEP ☐ 504

Date of most recent plan: _____

Identify the disability that interferes with the student's access to the test: _____

Disability Category (select all that apply):

- ☐ Intellectual Disability
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Health Impaired
- ☐ Autism Spectrum Disorder
- ☐ Deaf-Blindness
- ☐ Developmental Delay
- ☐ Hearing Impairment, Including Deafness
- ☐ Serious Emotional Disability
- ☐ Specific Learning Disability
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment, Including Blindness

Request:

CMAS ELA/CSLA Spoken Response on Constructed Responses UAR: Human Scribe for computer- or paper-based assessment.

Documentation Reminder: When submitting the UAR, include only the page(s) of the student's IEP or 504 plan where the Spoken Response accommodation is documented. Do not submit the full IEP/504 plan.

Notes:

- See the CMAS Spoken Response UAR Guidance for additional support.

Criterion 2: The student has a documented orthopedic or neurological impairment that significantly limits or prevents access to independent written expression.

The student has a(n):

Orthopedic Impairment – does not have to be listed as a primary disability on the student's IEP.

OR

Neurological Impairment – other documented disability impacting the motoric process of writing – does not have to be listed as a primary disability on the student's 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 process 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 that impacts the student's motoric process in a way that significantly limits or prevents the student's ability to write or type independently. **COMPLETE THE SUPPORTING DATA AND CONTINUE TO CRITERION #3.**

Summary of the impact of orthopedic or neurological impairment on the student's ability to access writing:

Criterion 3: The student's level of fine motor writing skills is documented by an evaluation on at least one recent, locally administered diagnostic assessment.

A fine motor or neurological assessment has been administered within one academic year.

If a fine motor evaluation is not available due to a student's ongoing orthopedic impairment, include the date of the last evaluation and a 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 indicates the student is below grade level in writing; however, the evaluation indicates the student's inability to express through writing is due to poor handwriting, behavioral impact, or lack of instruction. **STOP HERE.**

☐ **Yes**. The evaluation supports that the student displays a neurological or continued orthopedic impairment impacting the motoric process of writing. **COMPLETE THE SUPPORTING DATA AND CONTINUE TO CRITERION #4.**

Most recent date of fine motor evaluation or diagnostic assessment:

Summary of fine motor evaluation results:

Criterion 4: The student uses the Spoken Response accommodation during regular instruction and during classroom and benchmark assessments.

The student has been instructed on the 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 the spoken response accommodation through one or more types of technology to access writing, but only uses them with an interventionist. **STOP HERE.**
- ☐ **Yes**. The student uses the spoken response accommodation through one or more types of technology to access writing, but cannot access it independently. **STOP HERE.**
- ☐ **Yes**. The student has tried the spoken response accommodation by working with a scribe, but only intermittently and/or only with an interventionist (less than 55% of the time). **STOP HERE.**
- ☐ **Yes**. The student regularly uses spoken response accommodation for writing independently (greater than 55% of the time). **COMPLETE THE SUPPORTING DATA AND SUBMIT THE UAR.**
- ☐ **Yes**. The student regularly uses spoken response technology for writing but is still struggling with using the device or software independently. The student is heavily dependent on using a human-supported scribe (greater than 55% of the time). **COMPLETE THE SUPPORTING DATA AND SUBMIT THE UAR.**
- ☐ **Yes**. The student does not use spoken response technology due to ongoing additional complications. The student only uses a scribe for writing (greater than 55% of the time). **COMPLETE SUPPORTING DATA AND SUBMIT THE UAR.**

Most recent date of fine motor evaluation or SWAAAC consultation:

How often does the student engage with technology or scribe?

Technology: _____

Scribe: _____

Identify the primary method of written expression or communication used most often by the student in the classroom:

Attach the student's writing *or* keyboarding samples without the accommodation use or support (the sample must match the testing mode; include the time the student took to complete the sample). If unable to provide the sample, submit an explanation of the student's inability to provide the sample.

Unique Accommodation Request:

In signing this form to CDE for consideration for approval, the principal/designee and SAC assure that:

- ☐ The school team met and considered **all** allowable 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.
- ☐ The student is practiced and proficient in using the proposed accommodation.
- ☐ The SAC reviewed the UAR form, IEP/504 plan, and accompanying data; the SAC believes the student meets all the preceding criteria for the Spoken Response accommodation.
- ☐ Parents have been notified of this accommodation.
- ☐ The UAR form, IEP/504 plan section, and accompanying data were submitted by **December 5, 2025**.

SAC Signature: _____ Date: _____

Principal/designee Signature: _____ Date: _____