

**STUDENT NAME:** Ethan

### **EDUCATIONAL ACCOMMODATIONS AND SUPPORTS**

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the educational accommodations must be notified of her/his specific responsibilities).

#### **TRANSITION**

Yes  No  NA Consideration of service needs, goals, and support/services is required (by age 14 ½ the team must address transition service needs). **If yes, complete the “Transition Services” section of the IEP.**

Yes  No  NA Consideration of “Home-Based Support Services Program for Mentally Disabled Adults” for eighteen-year-old student is required. **If yes, complete the “Home-Based Support Services Program” section of the IEP.**

#### **CONSIDERATION OF SPECIAL FACTORS**

Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. **For any box checked “yes”, specify the special factors in the “Supplementary Aids, Accommodations and Modifications” section listed below.**

Yes  No assistive technology devices and services

Yes  No communication needs

Yes  No deaf/hard of hearing – languages and communication needs

Yes  No limited English proficiency – languages needs

Yes  No blind/visually impaired – provision of Braille instruction

#### **LINGUISTIC AND CULTURAL ACCOMMODATIONS**

Yes  No The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. **If yes, specify any needed accommodations:**

Yes  No Special education and related services will be provided in a language or mode of communication other than or in addition to English. **If yes, specify any needed accommodations:**

#### **SUPPLEMENTARY AIDS, ACCOMMODATIONS, AND MODIFICATIONS**

Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving from class to class, etc.). Supplementary aids, accommodations, and modifications must be based upon peer-review research to the extent practicable.

#### **SUPPLEMENTARY AIDES**

Requires back support when seated on a bench

Personal cochlear implant with auditory HAT with patch cord

Dynamic Display Augmentative Comm. Device and Software

CCTV magnifier with distant and near viewing/work area

Desktop computer/specialized keyboard, optical trackball

Copy/paper holder at computer/anti-glare screen

Screen enlarging and reading capabilities on computer

Computer screen and video magnifier at student eye level

Slant board utilized

White cane

Personal magnifier and monocular

Classroom chair with arm rests/appropriate size

Wedge seat cushion

Portable near/distance viewing video magnifier (CCTV)

Use of manipulatives and related tactile items

Modified measuring cups/spoons (handles tipped up)

High contrast labels

Chew safe pencil topper

Bold lined high contrast paper

Use of graphic organizer to pre-plan prior to writing

Dark writing utensil

Large print calculator

Use typoscope to limit visual clutter

Use of a marker to assist in locating current problem/answer

Use of a laminated Velcro strip with choices for him to pick

### **ACCOMMODATION**

Large print (36 font) and enlarged visual supports

Needs high contrast and avoid glare

Needs to be within 3 feet from a person signing

Verbal, signed, and/or picture cues for behavioral expectation

Provide written schedule on paper for PE and specials

Verbal directives and/or picture cues prior to changes routine

Direct adult supervision in large group activities

Frequent sensory breaks

Written daily schedules that can cross off

Simplify oral directions

Emphasize a multisensory teaching approach

Sit to his right side when able to

Teacher in viewing area of CCTV during group instruction

Use color images/photos rather than black and white drawing]

Exposure to braille without formal instruction

Complete work on computer when possible

Extended time

Staff to fill in computer answer sheets after he chooses to answer

Can answer directly on test copy

Allow for dictation of answers to adult

Self-generated word list for writing activities

### **MODIFICATIONS**

Alternative or adaptive assignments when visually demanding

Modified report card-written contributions by all team members

Parents are provided with a narrative report to address progress, rather than better/number grades

### **SUPPORTS FOR SCHOOL PERSONNEL**

X Yes \_No

Program trainings and/or supports for school personnel are needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum and be educated and participate with other students in educational activities. If yes, specify what trainings and/or supports are needed, including when appropriate, the information that clarifies when the trainings and/or supports will be provided, by whom, in what location, etc.

All educational team members will received training on training on the implementation and basic programming of the augmentative communication device provided by his Speech-Language Pathologist or Technology Facilitator. Training on assistive technology devices/equipment and computer programs will be provided by the Speech-Language Pathologist or Technology Facilitator to all educational team staff members. Specialists available for consultation if needed. Ongoing intervening training for team.