NEW PRAGUE AREA SCHOOLS SPECIAL ACCOMMODATIONS

Student Name:		Case Manager:	Advisor:
DOB:	Grade:	School Year:	School:

DOB:_____ Grade:_____

1. Review the IEPs or 504 Plans of students on your caseload.

2. For each accommocation, indicate your students' needs in the table below. Boxes in gray indicate accommodations that are not available for MCA II

3. Return the form to your District Assessment Coordinator by:_____

Туре	Code	Accommodations	3 Reading	3 Math	4 Reading	4 Math	5 Reading	5 Math	6 Reading	6 Math	7 Reading	7 Math	8 Reading	8 Math	10 Reading	11 Math
entation	18	18 -point font														
	24	24- point font														
	BR	Braille														
	MS	Math Script (Teacher Read)														
	МС	Math Audio Presentation (Eng)														
	OL	Math Script on CD														
	OL	Other Language (Math Only)														
	TD	Translated Directions														
Response	СА	Computer Assisted														
	МТ	Made Tape (Approved by Curriculum Director)														
	SC	Scribe														
Environment	EXT	Extended Time														
	FB	Frequent Breaks														
	SGS	Small Group Setting														
0	RW	May help with a difficult word in mathematics as long as no additional clues are given (NWEA ONLY)														
	SGM	Segmented test (BST's ONLY)														1

Any accommodations ordered for a student must be the result of a decision made by an IEP or 504 team prior to testing and be listed in the student's IEP or 504 Plan. The translation and script accommodations listed on this form are also available to LEP students.