



THE DIOCESE OF COLUMBUS

## Diocese of Columbus

### Accommodations Plan in lieu of a Services Plan

**School Name:**

**Student Name:**

**Date of Birth:**

**Grade:**

**Qualifying Disability:**

**Date Plan Written:**

**Date Plan Goes Into Effect:**

**Date Plan to be Reviewed:**

**District of Residence:**

Documentation of Disability (see attached i.e. - medical plan; data that demonstrates impact of decision; can include private evaluation & medical diagnosis - MORE THAN A NOTE OR A SCRIPT)

1. Has the District identified the student as an English Learner (EL)?      YES      NO

2. What Proficiency Screener was used?

Ohio English Language Proficiency Screener (OELPS)

LAS Links

Other

3. Student's English Language Proficiency Level?

Team Members	Title	Contact Information (E-mail or Phone #)
	Administrator	
	General Education Teacher	
	Related Service Provider	
	Parent	
	Other:	
	Other:	

## Accommodation Plan in lieu of Services Plan

### Supplemental Goals and Objectives (One Page for Each Goal)

\*\* Include this page only if the student has measurable goals and objectives - some accommodation Plans will NOT have measurable goals and objectives)

**Student:**

**Effective Date:**

**to**

**Area of Need:**

**Goal:**

**Staff Responsibility:**

**Objectives:**

**Interventions:**

**Methods of Evaluation:**

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## **\*Tier 1- Universal Classroom Accommodations Checklist (not all-inclusive)**

### **Environment, Behavior/Motivation**

clear and concise classroom rules  
allowing for frequent breaks/time out of seat  
supervise use of self-monitoring strategies  
praising specific behaviors/ignoring minor inappropriate behaviors  
consistent classroom routine  
preferential seating  
seating near a role model/buddy  
limit distracting stimuli  
student work area free of unnecessary materials  
use of timer  
tactile fidget/fidget device  
redirection/cueing to task

### **Lesson Presentation, Assignments/Classwork**

study guide prior to start of unit/guided notes  
overview of lesson prior to presentation  
provide copies of notes/peer note taker  
provide graphic organizers/ rubrics  
provide auditory AND visual directions and information  
provide visual editing checklists  
provide extra set of textbooks/e-books for home  
multi-modality/multi-activity based lessons when possible  
chunking of material/presentations broken into shorter segments  
long term assignment rubric with written directions and timeline  
student oral review of key points in lesson, chapter, unit  
small group instruction when possible

### **Classroom Testing**

flexible scheduling for exams  
clarification of test questions  
reading guides/filters to cover parts of test  
multiple short quizzes vs. one long exam  
small group testing when possible and appropriate

### **Organization**

provide assistance/peer assistance with organization of materials  
daily assignments given orally and/or in writing  
daily teacher check of assignment book  
daily/weekly progress report

### **Other**

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## STANDARDIZED ANNUAL TESTING

Is this student participating in the Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)?      YES                      NO

Will this student participate in standardized annual assessments with accommodations?

YES                      NO

AREA	Title of Assessment (STAR, Terra Nova, IOWA, Renaissance 3 <sup>rd</sup> grade proficiency test)	DETAIL OF ACCOMMODATIONS	Justification (ETR, Disability, Category/Designation)
ELA			
Mathematics			
Science			

## TESTING EXEMPTIONS

### *Third Grade Reading Guarantee*

*The student is exempt from standardized tests and/or mandated state testing for the following reason (check below):*

- YES      NO      This student is a non-scholarship student and not required to take the test.
- YES      NO      This student is a non-scholarship student in a building with more than 65% total scholarship students.
- YES      NO      This student has a significant cognitive disability. The student is not required to take the reading diagnostic assessment and is therefore, removed from all the provisions of the Third Grade Reading Guarantee (including retention).

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## **RETENTION EXEMPTION**

The public school district team at the ETR meeting agreed to exempt the student from the provisions of the Third Grade Reading Guarantee:

Yes, exempt from retention

Not exempt from retention

Date ETR Approved:

### *English Language Learners*

The student is an English Learner enrolled in U.S. schools for less than three full school years and has had less than three years of instruction in an English as a Second Language program.

Yes, exempt from retention

Not exempt from retention

Date Approved:

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**Graduation Tests: Awaiting further guidance from the Ohio Department of Education**

Date Approved:

# Communication Log

DATE	Teacher Support(s)	DATE	Parent Support(s)	DATE	Student Responsibility



# Signature Page

Re-Evaluation (State and Federal rules mandate that every student with a disability be re-evaluated at least every three years.)

Your child's last MFE was:

The next MFE shall occur by:

Accommodations Plan Meeting Participants	
Name Title/Position	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I give consent to initiate this plan

I do not give consent for this plan at this time

Student signature (when applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_