

Baltimore County Public Schools

Accommodations Documentation for ELL (English Language Learner) Students

This form must be completed or updated within 45 calendar days from start of school year or student date of enrollment.

Student _____ School _____ Grade _____

Assessment(s) for which accommodation(s) is/are being proposed _____

Last English Language Proficiency (ELP) assessment date _____ Scores: Speaking _____

Listening _____ Reading _____ Writing _____ Proficiency level (circle one) 1 2 3 4 5

Assessment Accommodations below reflect accommodations also used in daily instruction.

ACCOMMODATION(S) PROVIDED (Check where appropriate): None

<p>1. Presentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1-F. Human reader, audio tape, or compact disk recording for verbatim reading of entire test. <input type="checkbox"/> 1-G. Human reader, audio tape, or compact disk recording for verbatim reading of selected sections of the test. <input type="checkbox"/> 1-M. Screen Reader for verbatim reading of entire test. <input type="checkbox"/> 1-N. Screen reader for verbatim reading of selected sections of test. <input type="checkbox"/> 1-Q. Talking materials. <input type="checkbox"/> 1-R. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff. 	<p>2. Response</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2-A. Scribe. <input type="checkbox"/> 2-E. Electronic Note-takers and Word Processors <input type="checkbox"/> 2-F. Tape recorder. <input type="checkbox"/> 2-G. Respond on test booklet. <input type="checkbox"/> 2-H. Monitor test response. <input type="checkbox"/> 2-K. Spelling and grammar devices. (not permitted to be used on the English HSA) <input type="checkbox"/> 2-N. Bilingual dictionaries. <input type="checkbox"/> 2-O. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff
<p>3. Timing and Scheduling</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3-A. Extended time. <input type="checkbox"/> 3-B. Multiple or frequent breaks. <input type="checkbox"/> 3-C. Change schedule or order of activities- Extend over multiple days. <input type="checkbox"/> 3-D. Change schedule or order of activities- Within one day. <input type="checkbox"/> 3-E. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff. 	<p>4. Setting</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4-A. Reduce distractions to the student. <input type="checkbox"/> 4-B. Reduce distractions to other students. <input type="checkbox"/> 4-C. Change location to increase physical access or to use special equipment within school building. <input type="checkbox"/> 4-E. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff.

Additional accommodations currently used in the classroom (e.g., notes, outlines and instructions, recorded books etc):

Recommended by the following members of the ELL Team: (Check where appropriate) Date _____

_____ ESOL Teacher. _____ Classroom Teacher. _____ Reading Specialist _____ ESOL Contact Personnel

_____ Other (Please describe) _____

Committee Chair's Signature _____ Name printed _____ Date _____

Principal's Signature _____ Name printed _____ Date _____

Parent's Signature: _____ Name printed _____ Date _____

MSDE recommends that an attempt be made to involve parents and have their signatures on file. However, if parent signatures are not available, then this form should be mailed to them and an explanation provided if requested.