

Baltimore County Public Schools

Accommodations Documentation for RELLs (Redesignated English Language Learners)

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

Student _____ School _____ Grade _____
 Last First Middle

Exit Date _____ (date exited from ESOL services)

Assessment Accommodations below reflect accommodations also used in daily instruction.

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

<p>1. Presentation</p> <p><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>	<p>2. Response</p> <p><input type="checkbox"/> 2-K. Spelling and grammar devices (not permitted to be used on the English HSA).</p> <p><input type="checkbox"/> 2-N. Bilingual dictionaries.</p> <p><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>
<p>3. Timing and Scheduling</p> <p><input type="checkbox"/> 3-A. Extended time.</p> <p><input type="checkbox"/> 3-B. Multiple or frequent breaks.</p> <p><input type="checkbox"/> 3-D. Change schedule or order of activities- Within one day.</p> <p><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>	<p>4. Setting</p> <p><input type="checkbox"/> 4-A. Reduce distractions to the student.</p> <p><input type="checkbox"/> 4-E. Other—proposed by Local Accountability Coordinator; Section or ELL staff; and approved by MSDE Assessment Office and ELL staff.</p>

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.