

Accommodations and Modifications

Student's Name: _____ Date: _____ Grade: _____

Location: _____ REACH: ___ hourly ___ yearly

Diagnosis:

___ Autism

___ Deaf-Blindness

___ Deafness

___ Emotional Disturbance

___ Hearing Impairment

___ Intellectual Disability

___ Multiple Disabilities

___ Orthopedic Disability

___ Other Health Impairments

___ Specific Learning Disability

___ Speech or Language Impairment

___ Traumatic Brain Injury

___ Visual Impairment

Other: _____

Comments: _____

Accommodations that our school can provide:

___ Preferential Seating

___ Reduced Assignments

___ Modified Assessments

___ Extended Time

___ Repeated Directions

___ Immediate Feedback

___ Pre-teach/Re-teach

___ Small Group Instruction

___ Goal Setting

___ Teacher Reminders

___ Behavior Plan

___ Educational Tools

Other: _____

Comments: _____

Addition Information: _____

Discussed with Teacher _____

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