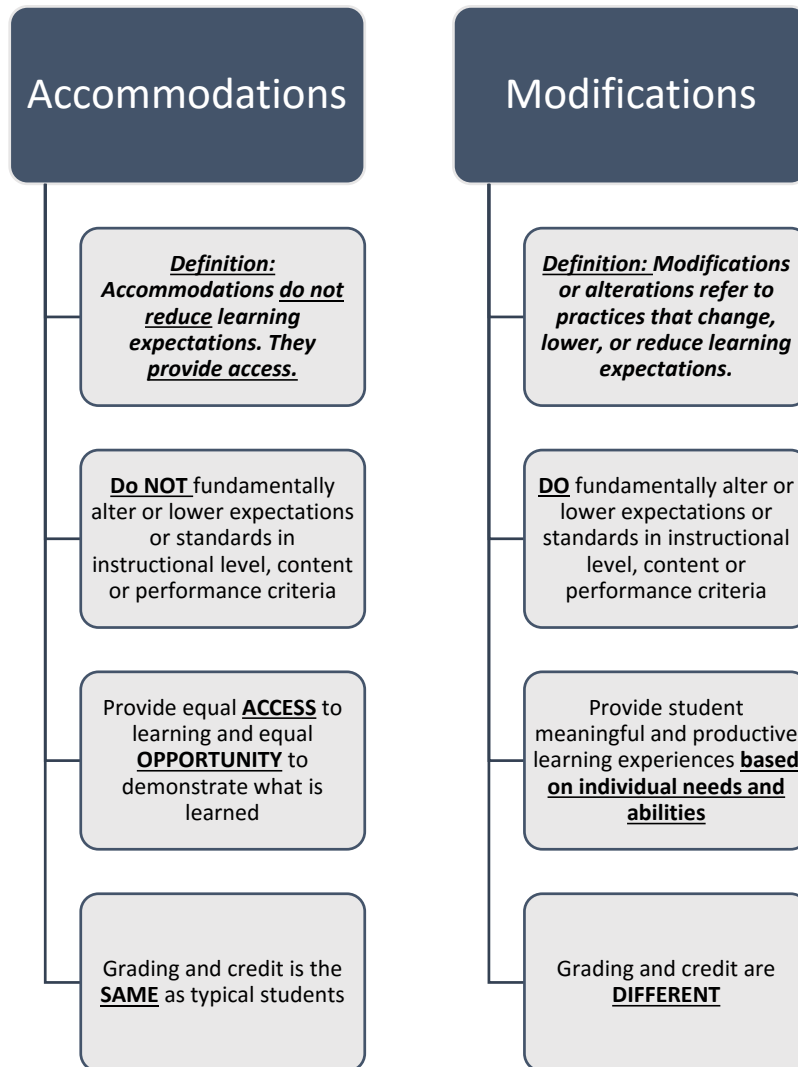




Down Syndrome Guild of Greater Kansas City IEP Accommodation Checklist



IEP Accommodation Checklist

(Share this page with your child's educator)

Student Name: _____ D.O.B. _____

- Please indicate which of the following accommodations are needed for the student.
- Gather and review information about the student to plan the accommodations that should take place throughout the school day as well as in specific classes.

PACING AND MOTOR ACTIVITY	WHEN
___ Allow more time on assignments ___ Allow activity breaks ___ Don't use timed activities ___ Allow short breaks between activities ___ Ignore minor movement ___ Allow student to stand and work ___ Use physical adaptations (seating supports) ___ Other _____	<input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____
ENVIRONMENT	WHEN
Planned seating ___ In classroom ___ on bus ___ In lunchroom ___ other _____ ___ Ensure proper seating with feet on floor and elbows at desk top height Reduce distractions: ___ Visual ___ Auditory ___ Spatial ___ Movement ___ Use a study carrel ___ Use clip board, wedges for note taking ___ Use a head set or ear phones ___ Vary seating options ___ Other _____	<input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____
TIME MANAGEMENT	WHEN
___ Use visual schedule (or First - Then chart) ___ Use a calendar or journal ___ Clarify for understanding ___ Teach study skills ___ Have student repeat directions ___ Establish timelines for work ___ Plan for generalization ___ Connect skills to student's life ___ Give transition warning ___ Other _____	<input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____



MATERIALS	WHEN
<p> <input type="checkbox"/> Tape text or other materials <input type="checkbox"/> Pre-teach materials <input type="checkbox"/> Use highlighter tape or highlight materials <input type="checkbox"/> Use manipulatives <input type="checkbox"/> Use supplementary materials <input type="checkbox"/> Provide note-taking support <input type="checkbox"/> Use large print <input type="checkbox"/> Use pictures <input type="checkbox"/> Allow student to tape assignment <input type="checkbox"/> Adapt tasks based upon student mastery <input type="checkbox"/> Clarify expectations for work <input type="checkbox"/> Use rubrics <input type="checkbox"/> Reduce language level <input type="checkbox"/> Avoid penalizing for some errors <input type="checkbox"/> Use specialized equipment <input type="checkbox"/> Calculator <input type="checkbox"/> Computer <input type="checkbox"/> Tape recorder <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____ </p>
ASSIGNMENTS	WHEN
<p> <input type="checkbox"/> Use written back up to oral directions <input type="checkbox"/> Change difficulty level <input type="checkbox"/> Change assignment length <input type="checkbox"/> Reduce paper/pencil work <input type="checkbox"/> Give extra cues or prompts <input type="checkbox"/> Allow student to produce work in best output modality <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____ </p>
SOCIALIZATION SUPPORTS	WHEN
<p> <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Create socialization opportunities <input type="checkbox"/> Use cooperative learning <input type="checkbox"/> Vary groupings <input type="checkbox"/> Teach social skills <input type="checkbox"/> Create social supports <input type="checkbox"/> Teach about differences/disabilities <input type="checkbox"/> Allow opportunities to help other students <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____ </p>



MOTIVATION AND REINFORCEMENT	WHEN
___ Verbal from whom: _____ ___ Non-verbal (Visual) ___ Social / interactional ___ from whom: _____ ___ Create a valued task/job ___ Offer choices ___ Tangible item/prize ___ Other _____	<input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____
LEVEL OF SUPPORT	WHEN
___ Peer support ___ 1:1 with an adult ___ Some of the time ___ All of the time ___ Extra staff in room ___ In-school resource staff ___ Program specialists ___ Therapy ___ Psychology ___ Other _____	<input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____
TRANSITION SUPPORTS	WHEN
___ Following routines ___ Managing changes in activities ___ Managing changes with staff ___ Managing changes of grade ___ Managing changes of school ___ Other _____	<input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____
HANDWRITING	WHEN
___ Use worksheets that require less graphics ___ Do not return work to be recopied by student ___ Use fill in questions rather than longer responses ___ Provide a note-taker or copies for student ___ Ignore sloppy work ___ Ignore poor penmanship ___ Provide a model for writing information (web) ___ Omit assignments that require copying ___ Offer various writing utensils ___ Circle, X, or highlight response from multiple choice/bank ___ Other _____	<input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____



MATH	WHEN
<p> <input type="checkbox"/> Allow the use of calculator, number line <input type="checkbox"/> Group similar problems together <input type="checkbox"/> Provide less problems <input type="checkbox"/> Use graph paper to write problems <input type="checkbox"/> Provide "math facts" sheets <input type="checkbox"/> Scan for reading level of materials <input type="checkbox"/> Break story problems into small steps <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____ </p>
HOME	WHEN
<p> <input type="checkbox"/> Have a second set of materials at home <input type="checkbox"/> Use a home-school communication program <input type="checkbox"/> Have parents preview or review material <input type="checkbox"/> Suggest a tutor <input type="checkbox"/> Link learning activities to family routines <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> All Settings <input type="checkbox"/> Cafeteria <input type="checkbox"/> Specific Class(es) _____ _____ _____ </p>

