

Accessibility Features/Designated Support STAAR, STAAR Spanish TELPAS Documentation Form

Student Name		<input type="checkbox"/> Special Education
Grade Level		<input type="checkbox"/> 504
Subject		<input type="checkbox"/> ELL
Teacher Name		<input type="checkbox"/> Other

Test:	Date:	Test:	Date:
<input type="checkbox"/> Semester Exam	<input type="checkbox"/> Benchmark	<input type="checkbox"/> Semester Exam	<input type="checkbox"/> Benchmark
<input type="checkbox"/> Common Assessment	<input type="checkbox"/> Other	<input type="checkbox"/> Common Assessment	<input type="checkbox"/> Other
Designated Support		Designated Support	
<input type="checkbox"/> Ind/Small Group	<input type="checkbox"/> Language Supports **	<input type="checkbox"/> Ind/Small Group	<input type="checkbox"/> Language Supports **
<input type="checkbox"/> Large Print	<input type="checkbox"/> Content Supports **	<input type="checkbox"/> Large Print	<input type="checkbox"/> Content Supports **
<input type="checkbox"/> Extended Time	<input type="checkbox"/> Supplemental Aids *	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Supplemental Aids *
<input type="checkbox"/> Amplification Device	<input type="checkbox"/> Calculation Aids *	<input type="checkbox"/> Amplification Device	<input type="checkbox"/> Calculation Aids *
<input type="checkbox"/> Structured Reminders	<input type="checkbox"/> Manipulatives *	<input type="checkbox"/> Structured Reminders	<input type="checkbox"/> Manipulatives *
<input type="checkbox"/> Oral Administration	<input type="checkbox"/> Spelling Assistance *	<input type="checkbox"/> Oral Administration	<input type="checkbox"/> Spelling Assistance *
<input type="checkbox"/> Basic Transcribing	<input type="checkbox"/>	<input type="checkbox"/> Basic Transcribing	<input type="checkbox"/>
Test:	Date:	Test:	Date:
<input type="checkbox"/> Semester Exam	<input type="checkbox"/> Benchmark	<input type="checkbox"/> Semester Exam	<input type="checkbox"/> Benchmark
<input type="checkbox"/> Common Assessment	<input type="checkbox"/> Other	<input type="checkbox"/> Common Assessment	<input type="checkbox"/> Other
Designated Support		Designated Support	
<input type="checkbox"/> Ind/Small Group	<input type="checkbox"/> Language Supports **	<input type="checkbox"/> Ind/Small Group	<input type="checkbox"/> Language Supports **
<input type="checkbox"/> Large Print	<input type="checkbox"/> Content Supports **	<input type="checkbox"/> Large Print	<input type="checkbox"/> Content Supports **
<input type="checkbox"/> Extended Time	<input type="checkbox"/> Supplemental Aids *	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Supplemental Aids *
<input type="checkbox"/> Amplification Device	<input type="checkbox"/> Calculation Aids *	<input type="checkbox"/> Amplification Device	<input type="checkbox"/> Calculation Aids *
<input type="checkbox"/> Structured Reminders	<input type="checkbox"/> Manipulatives *	<input type="checkbox"/> Structured Reminders	<input type="checkbox"/> Manipulatives *
<input type="checkbox"/> Oral Administration	<input type="checkbox"/> Spelling Assistance *	<input type="checkbox"/> Oral Administration	<input type="checkbox"/> Spelling Assistance *
<input type="checkbox"/> Basic Transcribing	<input type="checkbox"/>	<input type="checkbox"/> Basic Transcribing	<input type="checkbox"/>
Test:	Date:	Test:	Date:
<input type="checkbox"/> Semester Exam	<input type="checkbox"/> Benchmark	<input type="checkbox"/> Semester Exam	<input type="checkbox"/> Benchmark
<input type="checkbox"/> Common Assessment	<input type="checkbox"/> Other	<input type="checkbox"/> Common Assessment	<input type="checkbox"/> Other
Designated Support		Designated Support	
<input type="checkbox"/> Ind/Small Group	<input type="checkbox"/> Language Supports **	<input type="checkbox"/> Ind/Small Group	<input type="checkbox"/> Language Supports **
<input type="checkbox"/> Large Print	<input type="checkbox"/> Content Supports **	<input type="checkbox"/> Large Print	<input type="checkbox"/> Content Supports **
<input type="checkbox"/> Extended Time	<input type="checkbox"/> Supplemental Aids *	<input type="checkbox"/> Extended Time	<input type="checkbox"/> Supplemental Aids *
<input type="checkbox"/> Amplification Device	<input type="checkbox"/> Calculation Aids *	<input type="checkbox"/> Amplification Device	<input type="checkbox"/> Calculation Aids *
<input type="checkbox"/> Structured Reminders	<input type="checkbox"/> Manipulatives *	<input type="checkbox"/> Structured Reminders	<input type="checkbox"/> Manipulatives *
<input type="checkbox"/> Oral Administration	<input type="checkbox"/> Spelling Assistance *	<input type="checkbox"/> Oral Administration	<input type="checkbox"/> Spelling Assistance *
<input type="checkbox"/> Basic Transcribing	<input type="checkbox"/>	<input type="checkbox"/> Basic Transcribing	<input type="checkbox"/>

Teacher Signature _____ Date _____