

Individualized Accommodations Checklist

Student Name:

Date:

Grade:

Case Manager:

Accommodations

Accommodation	Required	Notes
Extended time on tests/assignments	<input type="checkbox"/>	<input type="text"/>
Preferential seating	<input type="checkbox"/>	<input type="text"/>
Small group testing	<input type="checkbox"/>	<input type="text"/>
Breaks during instruction	<input type="checkbox"/>	<input type="text"/>
Use of calculator	<input type="checkbox"/>	<input type="text"/>
Alternative assignments	<input type="checkbox"/>	<input type="text"/>
Assistive technology	<input type="checkbox"/>	<input type="text"/>
Audio books or recorded lectures	<input type="checkbox"/>	<input type="text"/>
Other (specify)	<input type="checkbox"/>	<input type="text"/>

Additional Comments