



Unique Accommodation Request Writer/Scribe

CMAS: Writer/Scribe for ELA/CSLA Constructed Response 2024-2025

Contact Information:

District Name: _____ Request Date: _____

School Name: _____

District Assessment Coordinator: _____

Student Information:

Student Name: _____ SASID: _____

Grade: _____

Criterion 1: The student has a current special education plan or has a 504 plan.

Type of plan: IEP 504

Date of most recent plan: _____

Disability Category (Select all that apply):

- | | | |
|--|------------------------------|--|
| Autism Spectrum Disorder | Intellectual Disability | Specific Learning Disability |
| Deaf-Blindness | Multiple Disabilities | Speech or Language Impairment |
| Developmental Delay | Orthopedic Impairment | Traumatic Brain Injury |
| Hearing Impairment, Including Deafness | Other Health Impaired | Visual Impairment, Including Blindness |
| | Serious Emotional Disability | |

Request:

Writer/Scribe for CMAS: ELA/CSLA Constructed Response includes scribe for both the computer-based and paper-based assessments (see Transcription Guidelines in the *CMAS and CoAlt Procedures Manual*) Unique Accommodation: Scribe.

ELA (submit data evaluation; include a writing sample and keyboarding sample)

Submit writing and keyboarding samples (include time it took to complete each sample)

Submit data from the evaluation(s)

Submit additional documentation indicating neurological or orthopedic impact

CSLA (submit data from Spanish evaluation; include Spanish writing sample for paper-based test; 3rd and 4th grades **ONLY**)

Submit writing and keyboarding samples (include time it took to complete each sample)

Submit data from evaluation(s)

Submit additional documentation indicating neurological or orthopedic impact

Do not submit the student's IEP or 504 plan.

See Unique Accommodation Guidance Document for additional support.



Student Name: _____

Student SASID: _____

Criterion 2: The student has a documented orthopedic or neurological impairment that significantly limits or prevents written expression.

The student has a(n):

- Orthopedic Impairment – does not have to be listed as a primary disability on the student’s IEP.

OR

- Neurological Impairment – other documented disability impacting the motoric process of writing – does not have to be listed as a primary disability on the student’s IEP.

No. **STOP HERE.**

Yes. The student is identified as having an orthopedic or neurological impairment; however, it does not impact the student’s motoric process in a way that significantly limits the student’s ability to write or type independently.

STOP HERE.

Yes. The student is identified as having an orthopedic or neurological impairment that impacts the student’s motoric process in a way that significantly limits or prevents the student’s ability to write or type independently.

COMPLETE THE SUPPORTING DATA AND CONTINUE TO CRITERION #3.

Summary of the impact of orthopedic or neurological impairment on the student’s ability to access writing:



Student Name: _____

Student SASID: _____

Criterion 3: The student’s level of fine motor writing skills is documented by an evaluation on at least one recent, locally administered diagnostic assessment

- A fine motor or neurological assessment has been administered within one academic year.

No. **STOP HERE.**

Most recent date of fine motor evaluation or diagnostic assessment:

- If a fine motor evaluation is not available due to a student’s ongoing orthopedic impairment, include the date of the last evaluation and a summary of results.

Yes. The evaluation indicates the student is below grade level in writing; however, the inability to express through writing is not due to an orthopedic or neurological impairment impacting the motoric process of writing.

STOP HERE.

Summary of fine motor evaluation results:

Yes. The evaluation indicates the student is below grade level in writing; however, the evaluation indicates the student’s inability to express through writing is due to poor handwriting, behavioral impact, or lack of instruction.

STOP HERE.

Yes. The evaluation supports that the student displays a neurological or continued orthopedic impairment impacting the motoric process of writing.

COMPLETE THE SUPPORTING DATA AND CONTINUE TO CRITERION #4.



Student Name: _____

Student SASID: _____

Criterion 4: The student uses the Writer/Scribe and/or Assistive Technology accommodation(s) during regular instruction and during classroom assessments.

- The student has been instructed on the use of one or more Assistive Technology device(s), software, or scribe during regular classroom instruction and during classroom assessments.

No. **STOP HERE.**

Yes. The student has tried one or more types of technology to access writing, but only uses them with an interventionist.

STOP HERE.

Yes. The student has tried working with a scribe, but only intermittently and/or only with an interventionist (less than 55% of the time).

STOP HERE.

Yes. The student regularly uses technology for writing (greater than 55% of the time).

COMPLETE THE SUPPORTING DATA AND SUBMIT THE UAR.

Yes. The student regularly uses technology for writing but is still struggling with using the device or software. The student is heavily dependent on using a human-supported scribe (greater than 55% of the time).

COMPLETE THE SUPPORTING DATA AND SUBMIT THE UAR.

Yes. The student does not use technology due to ongoing additional complications. The student only uses a scribe for writing (greater than 55% of the time).

COMPLETE SUPPORTING DATA AND SUBMIT THE UAR.

Most recent date of fine motor evaluation or SWAAAC consultation:

Date: _____

How often does the student engage with the technology or scribe?

Identify the primary method of written expression or communication used most often by the student in the classroom:

Attach the student’s writing and keyboarding samples without accommodation or support (including the time the student took to complete each sample.) If unable to provide the sample, submit an explanation of the student’s inability to provide the sample



Student Name: _____

Student SASID: _____

Unique Accommodation Request:

In signing this form to CDE for consideration for approval, the principal/designee and DAC assures that:

- The school team met and considered all listed accommodations before proposing this unique accommodation.
- This accommodation is documented on the student’s IEP or 504 plan.
- The proposed accommodation is used *regularly and with fidelity* for routine class instruction and assessment.
- The student is practiced and efficient in using the proposed accommodation.
- The UAR form and accompanying data has been reviewed by the DAC and believes the student meets all the preceding criteria for the Writer/Scribe accommodation.
- The student has been added to the district spreadsheet for batch submission to CDE.
- UAR form and accompanying data has been submitted to CDE on or before 12/15/2024.

DAC Signature: _____

Date: _____