



Unique Accommodation Request Writer/Scribe (ELA/CSLA- Constructed Response) 2023-2024

Contact Information				
District Assessment Coordinator:	Date:			
District Name:	School Name:			
<p>In signing and submitting this form to CDE for consideration for approval, the principal/designee and DAC assures that:</p> <ul style="list-style-type: none"> 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 <i>regularly and with fidelity</i> for routine class instruction and assessment. 				
DAC Signature:				
Student Information				
Name:	SASID:			
Grade:				
Criterion 1: The student has a current special education plan or has a 504 plan.				
Type of plan: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan				
Date of the most recent plan:				
Disability Category (select all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Hearing Impairment, Including Deafness <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Visual Impairment, Including Blindness </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Speech or Language Impairment </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Serious Emotional Disability <input type="checkbox"/> Traumatic Brain Injury </td> </tr> </table>		<input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Hearing Impairment, Including Deafness <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Visual Impairment, Including Blindness	<input type="checkbox"/> Deaf-Blindness <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Developmental Delay <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Serious Emotional Disability <input type="checkbox"/> Traumatic Brain Injury
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Request				
<p>Writer/Scribe for the ELA/CSLA test includes: Scribe for both computer and paper-based assessments (see Transcription Guidelines in the <i>CMAS and CoAlt Procedures Manual</i>) Unique Accommodation: Scribe</p> <input type="checkbox"/> ELA (submit data from evaluation; include a writing sample and keyboarding sample) <ul style="list-style-type: none"> <input type="checkbox"/> Submit writing and keyboarding samples (include time to complete each sample) <input type="checkbox"/> Submit data from the evaluation(s) <input type="checkbox"/> Submit additional documentation indicating neurological or orthopedic impact <input type="checkbox"/> CSLA (submit data from Spanish evaluation; include Spanish writing sample for paper-based test; 3 rd and 4 th grades ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> Submit writing and keyboarding samples (include time to complete each sample) <input type="checkbox"/> Submit data from the evaluation(s) <input type="checkbox"/> Submit additional documentation indicating neurological or orthopedic impact <p>Do not submit the student's IEP or 504 plan.</p> <p>See Unique Accommodation Guidance Document for additional support</p>				

The writer/scribe accommodation is not intended for students with illegible handwriting or poor writing skills (this includes students whose spelling and/or word choice may be below grade level). It is intended for students who have significant difficulties with the neurological or orthopedic impairment that affects the students' motor process of writing.

Student Name: _____

Criterion 2: The student has a documented orthopedic or neurological impairment that significantly limits or prevents written expression.		
<p>The student has an:</p> <p>Orthopedic Impairment – does not have to be listed as a primary disability on IEP</p> <p><u>OR</u></p> <p>Neurological Impairment - other documented disability significantly impacting the motoric process of writing – does not have to be listed as a primary disability on IEP.</p>	<p><input type="checkbox"/> No. Stop here.</p> <p><input type="checkbox"/> Yes. The student is identified as having an orthopedic or neurological impairment; however, it does not impact the student’s motoric processes in a way that significantly limits the student’s ability to write or type independently. Stop here.</p> <p><input type="checkbox"/> Yes. The student is identified as having an orthopedic or neurological impairment that impacts the student’s motoric processes in a way that significantly limits the student’s ability to write or type independently. Complete supporting data and continue to Criterion #3.</p>	<p>Summary of the impact of orthopedic/neurological impairment on the student’s ability to access writing:</p>
Criterion 3: The student’s level of fine motor writing skills are documented by evaluation on at least one recent, locally-administered diagnostic assessment.		
<p>A fine motor or neurological assessment has been given within one academic year.</p> <p>(If a fine motor evaluation is not available due to a student’s ongoing orthopedic impairment, include the date of the last evaluation and summary of results.)</p>	<p><input type="checkbox"/> No. Stop here.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Yes. The evaluation supports that the student displays a neurological or continued orthopedic impairment impacting the motoric process of writing. Complete supporting data and continue to Criterion #4.</p>	<p>Most recent date of fine motor evaluation or diagnostic assessment:</p> <p>Summary of fine motor evaluation results:</p>

Student Name: _____

Criterion 4: The student uses Writer/Scribe accommodation during regular instruction and during classroom assessments.		
<p>The student has been instructed on the use of one or more Assistive Technology device(s) or a scribe during regular classroom instruction and during classroom assessments.</p>	<p><input type="checkbox"/> No. Stop here.</p> <p><input type="checkbox"/> Yes. The student has tried one or more types of AT but only uses them with an interventionist. Stop here.</p> <p><input type="checkbox"/> Yes. The student has tried working with a scribe, but only intermittently and/or with an interventionist (less than 55% of the time). Stop here.</p> <p><input type="checkbox"/> Yes. The student regularly uses AT for writing but is still struggling with using the device or software. The student is heavily dependent on using human supported scribe (greater than 55% of the time). Complete supporting data.</p> <p><input type="checkbox"/> Yes. The student does not use AT due to ongoing additional complications. The student only uses a scribe for writing (greater than 55% of the time). Complete supporting data.</p>	<p>Most recent date of fine motor evaluation/SWAAC consultation:</p> <p>How often does the student engage with the technology or with a scribe?</p> <p>Identify the primary method of written expression/communication used most often by the student in the classroom:</p> <p><input type="checkbox"/> Scribe</p> <p><input type="checkbox"/> Scribe for sign</p> <p><input type="checkbox"/> Keyboard</p> <p><input type="checkbox"/> Adaptive communication device</p> <p><input type="checkbox"/> Other assistive technology (specify below):</p> <p>_____</p> <p>_____</p> <p>Attach writing and keyboarding samples without accommodation or support (include 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 a sample.</p> <p>See Guidance Document.</p>
Unique Accommodation Request		
<p>The student meets all the preceding criteria for the Writer/Scribe accommodation.</p>	<p><input type="checkbox"/> Yes. Submit this UNIQUE ACCOMMODATION REQUEST for approval from CDE. Check with your DAC to obtain district-specific requirements and deadlines.</p>	<p><input type="checkbox"/> UAR form and data submitted to DAC</p> <p><input type="checkbox"/> Student added to district spreadsheet for batch submission to CDE</p> <p style="padding-left: 20px;"><input type="checkbox"/> State ID is included</p> <p><input type="checkbox"/> UAR form and accompanying data submitted to CDE on or before 12/15/23 for CMAS ELA/CSLA</p> <p><input type="checkbox"/> Approval/denial received from CDE</p> <p>Date: _____</p>