Student Name _____ID _____DOB _____Campus _____Teacher _____Grade ___Date_____
LEP Y ___N ___Denial Y___N ___Language of Instruction _____Special Education Y___N __Section 504 Y__ N__

DYSLEXIA STUDENT ACCOMMODATION PLAN

_____Initial _____Annual Review _____Failure Review

The checked instructional accommodations have been approved by the Committee of Knowledgeable Persons (CKP) for the curriculum areas listed. Each teacher who serves a dyslexia eligible student shall review and implement the identified instructional accommodations under the supervision of the designated building administrator or campus dyslexia coordinator.

Instructional Accommodations	**Reading/ ELA**	**Math**	**Science**	**Social Studies**	**Fine Arts**	**PE/ Other**
	Check [√] applicable content/course.					
1. Read or allow someone to read directions orally.						
2. Help with unfamiliar vocabulary.						
3. Extend time for tests and reading assignments						
4. Provide/ensure student has complete, correct notes and/or study sheets.						
5. Allow student to read aloud to himself/herself.						
6. Permit tape recorded or oral responses instead of written responses.						
7. Allow extra time for editing.						
8. Limit having student copy notes, assignments, or work from board or overhead.						
9. Allow for handwriting errors.						
10. Highlight text. (Avoid highlighting entire sentences and paragraphs.)						
11. Allow use of taped books.						
12. Allow use of word processor or computer for written work.						
13. Reduce assignments (i.e. number of spelling words, etc.).						
14. Re-teach/present difficult concepts multiple times.						
15. Allow peer/cooperative group assistance						
Other:						
Other:						

The individual(s) responsible for the coordination and monitoring of these accommodations:

_____ _____
Position Position

NOTE: THIS INFORMATION IS CONFIDENTIAL AND AVAILABLE TO DESIGNATED STAFF ONLY.

Distribution (insert **dates** distributed to each, or N/A)

___Parent ___Reading/ELA Teacher ___Math Teacher
___Science Teacher ___Soc. Studies Teacher ___Fine Arts Teacher
___P.E. ___Other_____ ___Administrator

TEACHER/S WILL SIGN ACKNOWLEDGEMENT FORM.

Check [√] appropriate state assessment accommodations:

TAKS **READING**: _____Dyslexia Bundled Accommodations
(Grades 3-8) **(Must routinely receive accommodations related to difficulty with decoding in classroom instruction and testing.)**

			Level of Support*		
TAKS **MATH:**	_____Oral administration	_____Individual/Small Group	1	2	3
SCIENCE:	_____Oral administration	_____Individual/Small Group	1	2	3
SOCIAL STUDIES:	_____Oral administration	_____Individual/Small Group	1	2	3
(Applicable grade levels)	**(Must be implemented routinely in classroom instruction and testing.)**		(Circle per content)		

*Level of Support: (**Math, Science, Social Studies**)
1=Reading only a few words or phrases
2=Reading multiple sentences throughout the test
3=Reading the test in its entirety (test questions and answer choices)