

Use these questions to identify a student's characteristics as a learner which may indicate a need for an accommodation. Mark "yes" if the student has the characteristic. Follow the next steps for more information about potential types of accommodations that could be helpful for instruction. The provided list is certainly not exhaustive, but may be used as a guide when selecting accommodations as discussed in Step 3 of the Five Step Process.

Note: These Student Characteristics questions and Corresponding Tables have been incorporated into the state IEP system for guidance during the IEP Team considerations.

Student Characteristics	YES	Refer to Tables A-N for accommodations to consider
1. Does the student have blindness or low vision that requires an accommodation?	<input type="checkbox"/>	Go to Table A
2. Does the student have a hearing impairment that requires an accommodation?	<input type="checkbox"/>	Go to Table B
3. Does the student have some other physical condition that requires an accommodation?	<input type="checkbox"/>	Go to Table C or H
4. Does the student have difficulty with expressive or receptive communication?	<input type="checkbox"/>	Go to Table D
5. Has the student been identified as having a reading impairment or difficulty with decoding?	<input type="checkbox"/>	Go to Table E
6. Does the student have difficulty with writing composition, grammar or spelling?	<input type="checkbox"/>	Go to Table F
7. Does the student have weak manual dexterity, fine motor difficulty, have trouble typing or using a pencil?	<input type="checkbox"/>	Go to Table C, H or F
8. Does the student have mathematics-related impairment?	<input type="checkbox"/>	Go to Table G
9. Is the student easily distracted, have a short attention span or have difficulty tracking from one page or line to another and maintaining his or her place?	<input type="checkbox"/>	Go to Table I
10. Does the student need directions repeated frequently or have memory impairments?	<input type="checkbox"/>	Go to Table J
11. Does the student have a medically documented and/or credible history of a brain injury, including traumatic brain injury, that causes educational impact?	<input type="checkbox"/>	Go to Table M
12. Does the student have a developmental disability significantly affecting verbal and non-verbal communication and social interaction that adversely affects the child's educational performance?	<input type="checkbox"/>	Go to Table N
13. Does the child engage in repetitive activities and stereotyped movement, resist environmental change or change in daily routine, or have unusual responses to sensory stimuli?	<input type="checkbox"/>	Go to Table N
14. Does the student use visual supports/schedules to produce work?	<input type="checkbox"/>	Go to Table N

Characteristics Affecting Setting/Environmental Accommodations	YES	Next Steps
1. Do others easily distract the student or does that student have difficulty remaining on task?	<input type="checkbox"/>	Go to Table K
2. Does the student require any specialized equipment or other accommodations that may be distracting to others?	<input type="checkbox"/>	Go to Table K
3. Does the student have visual and/or auditory impairments that require special lighting and/or acoustics?	<input type="checkbox"/>	Go to Table K
4. Can the student focus on his or her own work in a large group setting?	<input type="checkbox"/>	Go to Table K
5. Does the student exhibit behaviors that may disrupt the attention of other students?	<input type="checkbox"/>	Go to Table K
6. Do any physical or environmental accommodations need to be made for the student in the classroom?	<input type="checkbox"/>	Go to Table K

Characteristics Affecting Timing and Scheduling	YES	Next Steps
1. Can the student work continuously for the length of time allocated for standard test administration?	<input type="checkbox"/>	Go to Table L
2. Does the student use an accommodation or adaptive equipment that requires more time to complete test items (e.g., braille, scribe, use of head pointer to type)?	<input type="checkbox"/>	Go to Table L
3. Does the student tire easily due to health impairments?	<input type="checkbox"/>	Go to Table L
4. Does the student have a visual impairment that causes visual fatigue and requires frequent breaks?	<input type="checkbox"/>	Go to Table L
5. Does the student have a learning disability that affects the rate at which the student processes written information?	<input type="checkbox"/>	Go to Table L
6. Does the student have a motor disability that affects the rate at which the student writes responses?	<input type="checkbox"/>	Go to Table L
7. Does the student take any type of medication to facilitate optimal performance?	<input type="checkbox"/>	Go to Table L
8. Does the student's attention span or distractibility require shorter working periods and frequent breaks?	<input type="checkbox"/>	Go to Table L