**District:** Click here to enter text. **School:** Click here to enter text. **School Year:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Student Name:** Click here to enter text. | **SIMS:** Click here to enter text. | **Grade:** Choose an item. |
| **Special Ed Teacher:** Click here to enter text. | **Disability:** Click here to enter text. |
| [ ]  **IEP** or[ ]  **504 Plan** | [ ]  **Text-to-Speech** (computer read)or[ ]  **Read Aloud** (human reader) |

The text-to-speech or human read aloud accommodations are intended to provide access **for a very small number of students** for printed or written texts for Reading Passages. These students have print-related disabilities and otherwise would be unable to participate in the state assessment. Schools should use a variety of sources as evidence when making accommodation decisions.

|  |
| --- |
| Please provide a brief explanation of the student’s need for the text-to-speech or read aloud accommodation for reading passages. Include in the explanation information from evaluations, present levels of performance, services and supports, and/or goals as well as how the accommodation is being used in the classroom. |
| Click here to enter text. |

**Assurances:** Please check mark each assurance.

[ ]  I assure the student has:

* Blindness or a significant visual impairment and has not yet learned (or is unable to use) Braille **or**
* A disability that prevents him or her from accessing printed text

[ ]  I assure there is documentation of:

* Other accommodations or supplementary aids and/or services provided to the student to support reading instruction

[ ]  I assure the student receives:

* Ongoing instruction and/or interventions in reading skills

[ ]  I assure the student:

* Requires specialized formats including text-to-speech or read aloud for all content areas in which reading is required (such as belongs to Bookshare or a similar organization or computer based textbooks from publisher)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Sped Director or 504 Coordinator |  | Date |  | Assessment Coordinator |  | Date |

**NOTE: Document for district use. Must request ELA Reading passages with the TIDE forms.**

**Note:** All assurances must be agreed to (all boxes checked). Form content verification may be completed during onsite visits.