

2017 PSSA SCRIBING UNIQUE ACCOMMODATION

(Dictation using voice-to-text software requires approval by PDE and submission of a Request for Approval form.)

- ◆ The “Other” bubble and the Supplemental Data Field must be marked for this accommodation.
- ◆ Enter code H-9 in the Supplemental Data Field.
- ◆ This accommodation is intended for those students with a severe disability that precludes them from responding to instructional and assessment materials through typical means, such as handwriting directly into the test/answer booklet or typing the response for transcription into the test/answer booklet by the School Assessment Coordinator.
- ◆ The district and school are responsible for making the determination that the student is only able to respond to the PSSA Writing Prompt and Text Dependent Analysis test questions by dictating responses to the School Assessment Coordinator (SAC) or designee.
- ◆ The SAC must complete and submit this form to PDE at ra-accommodations@pa.gov.
- ◆ The school and/or district must keep this form and supporting documentation (such as the IEP, 504 Service Plan, doctor’s note, ELL Education Plan) which clearly indicates the student’s use of scribing for constructed responses to test questions.
- ◆ The PDE may request the supporting documentation as needed for monitoring or as part of a testing irregularity investigation.
- ◆ Forms must be submitted to PDE no later than 2 WEEKS prior to the start of the testing window. If a recent injury is the reason for the unique accommodation of scribing, this form is submitted prior to student testing.

District Name:	School Name:
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Student PA Secure ID:	Student Grade:
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Name and Title of Person Completing Form:

Phone Number:	Email Address:
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Does the student receive special education services through IDEA? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the student receive services through Section 504 of Rehabilitation Act of 1973? <input type="checkbox"/> Yes <input type="checkbox"/> No

Does the student use human scribing regularly in classroom instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the student require scribing due to a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how the student currently responds to constructed response questions for classroom instruction and assessment.

Is this accommodation documented in the student's IEP or 504 Plan? Yes No

If yes, is it included in the Present Levels, SDI, & Part IV sections of the IEP, or in the accommodations page of 504 Plan?

School Assessment Coordinator Signature (Required):

District Special Education Coordinator Signature (Required for students with IEP):

Principal Signature (Required):

District Assessment Coordinator Signature (Required):

Date of Request:

For questions and concerns please email: Diane Simaska, dsimaska@pa.gov .