



# 2022 PSSA TDA Scribing Accommodation **for online and paper versions**

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*(Do not use this form for a voice-to-text accommodation. Use the Unique Accommodation Request form for approval by PDE.)*

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 (SAC).

1. The district and school are responsible for making the determination that the student is only able to respond to the PSSA text-dependent analysis (TDA) prompt by dictating responses to the SAC or designee.
2. The SAC must complete and submit this form to PDE at [RA-accommodations@pa.gov](mailto:RA-accommodations@pa.gov).
3. Forms must be submitted to PDE no later than **2 WEEKS** prior to the start of the testing window. If a recent injury requires scribing for the TDA prompt, this form is submitted prior to student testing.
4. If PDE does not find errors and does not need more information, no response will be sent; the form has been approved and filed. The school and district must keep this form and supporting documentation (such as the IEP, 504 Service Plan, doctor's note, EL Education Plan) which clearly indicates the student's use of scribing for constructed responses to test questions.
5. The PDE may request the supporting documentation as needed for monitoring or as part of a testing irregularity investigation.
6. Scribe must sign Test Security Certification form (located in the Handbook for Assessment Coordinators). All LEA/school scribes must follow the [Pennsylvania Read-Aloud and Scribing Guidelines for Operational Assessments](#) posted on the PDE website and on eDIRECT.
7. Mark the accommodation under Response Accommodations on the PSSA demographics accommodations section.

# 2022 PSSA TDA Scribing Accommodation

District Name:

School Name:

Student PA Secure ID:

Student Grade:

Name and Title of Person Completing Form:

Phone Number:

Email Address:

1. Does the student receive special education services through IDEA?

YES NO

2. Does the student receive services through Section 504 of Rehabilitation Act?

YES NO

3. Does the student use human scribing regularly in classroom instruction?

YES NO

4. Is this accommodation documented in the student's IEP or 504 Plan?

YES NO

5. Does the student require scribing due to a recent injury?

YES NO

6. Which version will the student use?

Paper Online

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: