District-Approved
Unique Accommodation Request (UAR)
CMAS ELA/CSLA
Spoken Response: Technology-Captured

CMAS ELA/CSLA Spoken Response: Technology-Captured

Contact Information

District Name: _____ Request Date: _____

School Name: _____

District Assessment Coordinator (UAR must be reviewed and signed by DAC): _____

Student Information

Student Name: _____

SASID: _____ Grade: _____

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Student Name: _____ Student SASID: _____

Criterion 1: The student has a current special education plan or has a 504 plan.

Select one:

◯ **No. STOP HERE.**

◯ **Yes. COMPLETE THE FOLLOWING SUPPORTING DATA**

Supporting Data

Type of plan: ◯ IEP ◯ 504 **Date of most recent plan:** _____

Eligibility category (select all that apply):

- ☐ Autism Spectrum Disorder
- ☐ Deaf-Blindness
- ☐ Developmental Delay
- ☐ Hearing Impairment, Including Deafness
- ☐ Intellectual Disability
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Health Impaired
- ☐ Serious Emotional Disability
- ☐ Specific Learning Disability
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment, Including Blindness

Identify the disability that prevents or limits the student's access to the test: _____

Request

District-approved UAR for use of technology to capture spoken responses on the computer-based CMAS ELA/CSLA assessment.

As indicated throughout this form:

- ☐ Document the summary of impact
- ☐ Submit data from the evaluation(s)
- ☐ Submit keyboarding samples (include the time it took the student to complete the sample)
- ☐ Submit additional documentation indicating a physical disability or orthopedic impact (see exclusionary disabilities in the *District-Approved CMASELA/CSLA Spoken Response: Technology-Captured Guidance Document* and the current year's *CMAS/CoAlt Procedures Manual*)
- ☐ Provide the name of the technology-captured response tool the student will use: _____. The tool must be approved by the district and CDE. For approval, the DAC must submit the *Technology-Based Response Accommodation* form and supporting documentation to CDE by **December 15** of the current school year.

Refer to the *District-Approved UAR CMAS ELA/CSLA Spoken Response: Technology Captured Guidance Document* for additional information.

CONTINUE TO CRITERION #2.

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Student Name: _____ Student SASID: _____

Criterion 2: The student has a documented orthopedic impairment or physical disability that significantly limits or prevents access to independent written expression.

The student has a(n):

Orthopedic Impairment – does not have to be listed as a primary disability on the student's IEP.

OR

Physical Disability – documented physical disability impacting the motoric process of writing – does not have to be listed as a primary disability on the student's IEP.

Select one:

○ **No. STOP HERE.**

○ **Yes.** The student is identified as having an orthopedic impairment or physical disability; however, it does not impact the student's motoric process in a way that significantly limits or prevents the student's ability to write or type independently. **STOP HERE.**

○ **Yes.** The student is identified as having an orthopedic impairment or physical disability that impacts the student's motoric process in a way that significantly limits or prevents the student's ability to write or type independently. **COMPLETE THE FOLLOWING EXCLUSIONARY FACTORS AND SUPPORTING DATA.**

Exclusionary Factors

Indicate if the student's limited or prevented access to the motoric process of keyboarding is primarily due to the following (select all that apply):

☐ Dyslexia
☐ Dysgraphia
☐ Dyscalculia
☐ Multilingual learner status
☐ Language development
☐ Social-emotional delays
☐ Behavioral aversion to writing
☐ A student's dictation preference over writing/typing
☐ Improve the student's attention span

If any of the above exclusionary factors are selected, STOP HERE. The student does not qualify.

Supporting Data

Summary of the impact of orthopedic impairment or physical disability on the student's ability to access writing:

CONTINUE TO CRITERION #3.

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Criterion 3: The student's level of fine motor writing skills is documented by an evaluation on at least one recent locally administered diagnostic assessment.

An assessment that measures the student's fine motor skills has been administered within one academic year.

If a fine motor evaluation is not available due to a student's ongoing orthopedic impairment, include the date of the last evaluation and a summary of results.

Select one:

- ◯ **No**. **STOP HERE.**
- ◯ **Yes**. The evaluation indicates the student is below grade level in writing; however, the inability to express through writing is not due to an orthopedic impairment or physical disability impacting the motoric process of writing. **STOP HERE.**
- ◯ **Yes**. The evaluation indicates the student is below grade level in writing; however, the evaluation indicates the student's inability to express through writing is solely due to dyslexia, dysgraphia, multilingual learner status, language development, social-emotional delays, poor handwriting/typing skills, behavioral aversion to writing/typing, the student's dictation preference over writing/typing, to improve the student's attention span, or lack of instruction. **STOP HERE.**
- ◯ **Yes**. The evaluation supports that the student displays an orthopedic impairment or physical disability impacting the motoric process of writing. **COMPLETE THE FOLLOWING SUPPORTING DATA.**

Supporting Data

Most recent date of fine motor evaluation or diagnostic assessment: _____

Summary of fine motor evaluation results:

CONTINUE TO CRITERION #4.

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Student Name: _____ Student SASID: _____

Criterion 4: The student uses the Spoken Response: Technology-Captured accommodation during regular instruction and classroom and benchmark assessment.

The student has been instructed on the use of one or more spoken response accommodation device(s) or software during regular classroom instruction and during classroom assessments.

Select one:

- ◯ **No**. **STOP HERE.**
- ◯ **Yes**. The student has tried spoken response technology through one or more types of speech-to-text technology to access writing but only uses it with an interventionist. **STOP HERE.**
- ◯ **Yes**. The student uses spoken response technology but cannot regularly (greater than 55% of the time) access it independently (the student needs adult support). **STOP HERE.**
- ◯ **Yes**. The student regularly uses spoken response technology for writing but still struggles to use the device or software independently. The student is heavily dependent on using a *human-supported scribe* (greater than 55% of the time). **STOP HERE.**
- ◯ **Yes**. The student regularly uses spoken response technology for writing (greater than 55% of the time) and can access the program or software independently (without adult support). **COMPLETE THE SUPPORTING DATA.**

Supporting data.

Most recent date of fine motor or SWAAAC evaluation: _____

Percentage of time the student uses technology to capture a spoken response: _____%

Percentage of time the student uses a scribe to capture a spoken response: _____%

Identify the primary method of written expression or communication used most often by the student in the classroom: _____

📎 **Attach the student's writing *or* keyboarding samples without use of the accommodation or support. The sample must:**

- **Match the testing mode**
- **Include the time the student took to complete the sample**

If unable to provide the sample, submit an explanation of the student's inability to provide the sample.

Refer to the *District-Approved UAR CMAS ELA/CSLA Spoken Response: Technology Captured Guidance Document* for additional information.

SUBMIT THE UAR AND SUPPORTING DOCUMENTATION.

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Student Name: _____ Student SASID: _____

Unique Accommodation Request

In signing this form and sending it to the district for consideration for approval, the principal/designee assures that:

- ☐ The school team met and considered all allowable accommodations before proposing this unique accommodation.
- ☐ This accommodation is documented on the student's IEP or 504 plan.
- ☐ The proposed accommodation is used *regularly* and *with fidelity* for routine class instruction and assessment.
- ☐ The proposed accommodation is used *regularly* and *with fidelity* for benchmark assessments.
- ☐ The student regularly accesses the accommodation independently during classroom instruction and during both classroom and benchmark assessments.
- ☐ The student is practiced and proficient in using the proposed accommodation.
- ☐ The principal/designee reviewed the UAR form and accompanying data, and the principal/designee believes the student meets all the preceding criteria for spoken response: technology-captured.
- ☐ The district-approved UAR form and accompanying data were submitted to the district on or before **deadline set by the district**.
- ☐ If approved, this accommodation may only be used with district- and CDE-approved technology-captured response tools. The district must submit the *Technology-Based Response Accommodation* form and supporting documentation to CDE by December 15 of the current school year.
- ☐ Parents will be notified regarding approval or denial of this accommodation request.

SAC Signature: _____

Date (MM/DD/YYYY): _____