Unique Accommodation Request (UAR)
WIDA ACCESS 2026-2027

WIDA ACCESS Spoken Response on Writing Domain

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: _____

If all criteria are met, submit the UAR form with **supporting data from the current school year** to CDE for approval through Syncplicity.

DO NOT EMAIL PII

UPLOAD THROUGH SYNCPLICITY

UAR Form: WIDA ACCESS Spoken Response on Writing Domain 2026-2027

Student Name: _____ Student SASID: _____

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

Type of plan: ◯ IEP ◯ 504

Date of most recent plan: _____

Identify the disability that interferes with the student's access to the test:

_____

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

Request:

WIDA ACCESS Spoken Response on Writing Domain: Human scribe or speech-to-text for computer- or paper-based assessment. Select which spoken response mode is requested:

◯ **Human Scribe**

☐ A familiar scribe has been identified as the student's assessment scribe. The scribe works with the student instructionally.

Scribe's name: _____.

◯ **Speech-to-Text (STT)**

◯ My student is using *Dictation* on their Chromebook.

◯ My student is using *Read&Write* or *VoiceAccess* on their Windows OS.

If you did not select one of the three programs identified above, provide the name of the program(s) the student will use.

_____. The STT program(s) must be approved by CDE. For a program not listed above, the district must submit the *Technology-Based Response Accommodation Form* by **December 15**.

As indicated throughout this form:

- ☐ Document the summary of impact
- ☐ Submit data from the evaluation(s)
- ☐ Submit writing or keyboarding samples (include the time it took the student to complete the sample)
- ☐ Submit additional documentation indicating physical disability or orthopedic impact"

Do not submit the student's IEP or 504 plan.

See Unique Accommodation Guidance Document for additional support.

UAR Form: WIDA ACCESS Spoken Response on Writing Domain 2026-2027

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.

◯ **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 SUPPORTING DATA.**

Supporting data.

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

CONTINUE TO CRITERION #3.

UAR Form: WIDA ACCESS Spoken Response on Writing Domain 2026-2027

Student Name: _____ Student SASID: _____

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.

◯ **No**. **STOP HERE.**

◯ **Yes**. The evaluation shows limited written output; however, the limitation is not due to an orthopedic impairment or physical disability impacting the motoric process of writing. **STOP HERE.**

◯ **Yes**. The evaluation shows limited written output; however, the evaluation shows the student's limitation is solely due to dyslexia, dysgraphia, multilingual learner status, language development, social-emotional delays, poor handwriting/typing skills, behavioral aversion to writing/typing, better performance when dictating than when writing or typing, attention concerns, or lack of instruction. **STOP HERE.**

◯ **Yes**. The evaluation supports that the student displays a physical disability or continued orthopedic impairment impacting the motoric process of writing. **COMPLETE THE SUPPORTING DATA.**

Supporting data.

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

Summary of fine motor evaluation results:

CONTINUE TO CRITERION #4.

UAR Form: WIDA ACCESS Spoken Response on Writing Domain 2026-2027

Student Name: _____ Student SASID: _____

Criterion 4: The student uses the Spoken Response accommodation during regular instruction and during classroom and benchmark assessments.

The student has been instructed on the use of one or more Spoken Response accommodation device(s), software, or scribe during regular classroom instruction and during both classroom and benchmark assessments.

- ◯ **No**. **STOP HERE.**
- ◯ **Yes**. The student has tried the spoken response accommodation through one or more types of technology to access writing, but only uses them with an interventionist. **STOP HERE.**
- ◯ **Yes**. The student uses the spoken response accommodation through one or more types of technology to access writing, but cannot access it independently. **STOP HERE.**
- ◯ **Yes**. The student has tried the spoken response accommodation by working with a scribe, but only intermittently and/or only with an interventionist (less than 55% of the time). **STOP HERE.**
- ◯ **Yes**. The student regularly uses spoken response accommodation for writing independently (greater than 55% of the time). **COMPLETE THE SUPPORTING DATA.**
- ◯ **Yes**. The student has tried spoken response technology for writing but cannot use the device or software independently. The student depends on a human scribe (55% of the time or more). **COMPLETE THE SUPPORTING DATA.**
- ◯ **Yes**. The student does not use spoken response technology due to ongoing additional complications. The student only uses a scribe for writing (greater than 55% of the time). **COMPLETE THE SUPPORTING DATA.**

Supporting data.

Most recent date of fine motor evaluation or SWAAAC consultation:

Date: _____

How often does the student engage with STT technology or scribe? Enter the percentage of writing tasks completed with each.

Technology:_____%_

Scribe:_____%_

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 the accommodation use 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.

SUBMIT THE UAR AND SUPPORTING DOCUMENTATION.

DO NOT EMAIL PII UPLOAD THROUGH SYNCPLICITY

UAR Form: WIDA ACCESS Spoken Response on Writing Domain 2026-2027

Student Name: _____ Student SASID: _____

Unique Accommodation Request:

In signing this form to CDE for consideration for approval, the DAC 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 student is practiced and proficient in using the proposed accommodation.
- ☐ If the student uses speech-to-text to access the Spoken Response accommodation, the student must regularly access the accommodation independently during classroom instruction and during both classroom and benchmark assessments.
- ☐ The DAC reviewed the UAR form and accompanying data, and the DAC believes the student meets all the preceding criteria for the Spoken Response accommodation.
- ☐ The student has been added to the district spreadsheet for batch submission to CDE.
- ☐ If the student uses speech-to-text to access the Spoken Response accommodation and uses a program not listed on this form, the DAC will submit the *Technology-Based Response Accommodation Form* and supporting documentation with this UAR or by **December 15**.
- ☐ The UAR form and accompanying data were submitted to CDE on or before **December 1**.

DAC Signature: _____ Date: _____