

POSSIBLE IEP ACCOMMODATIONS FOR ELIGIBLE CHILDREN

Although this document refers to accommodations for children who have a Section 504 plan, it is helpful information in order to think about possible accommodations for any child who has an IEP.

The information below is taken from a document no longer available at CDE.

Their new (and very long) guide link is below. The information you may be seeking starts on page 32.

<http://www.cde.state.co.us/cdeassess/documents/csap/manuals/2010/2009-2010%20Colorado%20Accommodations%20Manual%20Final.pdf>

Accommodations can cover a wide range of environments and issues. The following pages can assist Section 504 teams in selecting appropriate accommodations for children who are eligible for Section 504 services.

ENVIRONMENTAL STRATEGIES

- Provide a structured learning environment.
- Adjust class schedules.
- Provide classroom aides and note takers.
- Modify nonacademic times such as lunch room and recess.
- Modify physical education.
- Change child seating.
- Provide use of a study carrel.
- Alter location of personal or classroom supplies for easier access or to minimize distraction.

ORGANIZATIONAL STRATEGIES

- Modify test delivery.
- Use tape recorders, computer-aided instruction, and other audiovisual equipment.
- Select modified textbooks or workbooks.
- Tailor homework assignments.
- Use of one-to-one tutorials.
- Provide peer tutoring.
- Set time expectations for assignments.
- Provide tests in segments so that child finishes one segment before receiving the next part.
- Highlight main ideas and supporting details in the book.

BEHAVIOR STRATEGIES

- Use behavioral management techniques.
- Implement behavioral/academic contracts.

- Utilize positive reinforcements (rewards).
- Utilize negative reinforcements (consequences).
- Confer with the child's parents (and child as appropriate).
- Confer with the child's other teachers.
- Establish a home/school communication system for behavior monitoring.
- Post rules and consequences for classroom behavior.
- Write a contract for child behavior.
- Offer social reinforcers (i.e., praise) for appropriate behavior.
- Establish daily/weekly progress report for the child.
- Implement self-recording of behaviors.

PRESENTATION STRATEGIES

- Tape lessons so the child can listen to them again.
- Provide photocopied material for extra practice (i.e., outlines, study guides).
- Require fewer drill and practice activities.
- Give both oral and visual instructions for assignments.
- Vary the method of lesson presentation:
 - a. lecture
 - b. small groups
 - c. large groups
 - d. use audio visuals (i.e., filmstrips, study prints)
 - e. peer tutors or cross-age tutors (i.e., take notes, monitor assignments, read aloud, listen)
 - f. demonstrations
 - g. experiments
 - h. simulations
 - i. games
 - j. 1-to-1 instruction with other adult
- Provide for oral testing.
- Ask child to repeat directions/assignments to insure understanding.
- Arrange for a mentor to work with child in his or her interest area or area

METHODOLOGY STRATEGIES

- Repeat and simplify instructions about in-class and homework assignments.
- Supplement oral instructions with visual instructions.
- Change instructional pace.
- Change instructional methods.

CURRICULUM STRATEGIES

- Change instructional materials.
- Utilize supplementary materials.
- Assess whether child has the necessary prerequisite skills. Determine whether materials are appropriate to the child's current interest and functioning levels.
- Implement study skill strategies (survey, read, recite, review). Introduce definition of new terms/vocabulary and review to check for understanding.
- Limit amount of material presented on a single page.

- Provide a sample or practice test.
- Be aware of child's preferred learning style and provide appropriate instruction/materials.

100 EFFECTIVE ACCOMMODATIONS/SERVICES

Listed below are some of the more frequent recommendations that teachers have found to be effective for children with disabilities.

1. Provide study carrels.
2. Use room dividers.
3. Provide headsets to muffle noise.
4. Seat child away from doors/windows.
5. Seat near model (child or teacher).
6. Provide time-out area.
7. Rearrange child groups (according to instructional needs, role models, etc.).
8. Group for cooperative learning.
9. Vary working surface (e.g., floor or vertical surface such as blackboards).
10. Simplify/shorten directions.
11. Give both oral and written directions.
12. Have child repeat directions.
13. Have child repeat lesson objective.
14. Ask frequent questions.
15. Change question level.
16. Change response format (e.g., from verbal to physical; from saying to pointing).
17. Provide sequential directions (label as first, second, etc.).
18. Use manipulatives.
19. Alter objective criterion level.
20. Provide functional tasks (relate to child's environment).
21. Reduce number of items on a task.
22. Highlight relevant words/features.
23. Use rebus (picture) directions.
24. Provide guided practice.
25. Provide more practice trials.
26. Increase allocated time.
27. Use a strategy approach.
28. Change reinforcers.
29. Increase reinforcement frequency.
30. Delay reinforcement.
31. Increase wait time.
32. Use firm-up activities.
33. Use specific rather than general praise.
34. Have a peer tutor program.
35. Provide frequent review.
36. Have child summarize at end of lesson.
37. Use self-correcting materials.
38. Adapt test items for differing response modes.

39. Provide mnemonic devices.
40. Provide tangible reinforcers.
41. Use behavioral contracts.
42. Establish routines for handing work in, heading papers, etc.
43. Use timers to show allocated time.
44. Teach self-monitoring.
45. Provide visual cues (e.g., posters, desktop number lines, etc.).
46. Block out extraneous stimuli on written material.
47. Tape record directions.
48. Tape record child responses.
49. Use a study guide.
50. Provide critical vocabulary list for content material.
51. Provide essential fact list.
52. Use clock faces to show classroom routine times.
53. Use dotted lines to line up math problems or show margins.
54. Provide transition directions.
55. Assign only one task at a time.
56. Provide discussion questions before reading.
57. Use word markers to guide reading.
58. Alter sequence of presentation.
59. Enlarge or highlight key words on test items.
60. Provide daily and weekly assignment sheets.
61. Post daily/weekly schedule.
62. Use graph paper for place value or when adding/subtracting two digit numbers.
63. Provide anticipation cues.
64. Establish rules and review frequently.
65. Teach key direction words.
66. Use distributed practice.
67. Provide pencil grips.
68. Tape paper to desk.
69. Shorten project assignment into daily tasks.
70. Segment directions.
71. Number (order) assignments to be completed.
72. Change far-point to near-point material for copying or review.
73. Put desk close to blackboard.
74. Incorporate currently popular themes/characters into assignments for motivation.
75. Repeat major points.
76. Use physical cues while speaking (e.g., 1, 2, 3, etc.).
77. Pause during speaking.
78. Use verbal cues (e.g., "Don't write this down," "This is important").
79. Change tone of voice, whisper, etc.
80. Use an honor system.
81. Collect notebooks weekly (periodically) to review child notes.
82. Reorganize tests to go from easy to hard.
83. Color code place value tasks.
84. Use self-teaching materials.

85. Do only odd/or even numbered items on a large task sheet.
86. Use a primary typewriter or large print to create written material.
87. Provide organizers (e.g., cartons/bins) for desk material.
88. Teach varied reading rates (e.g., scanning, skimming, etc.).
89. Provide content/lecture summaries.
90. Use peer-mediated strategies (e.g., "buddy system").
91. Call child's name before asking a question.
92. Use extra spaces between lines of print.
93. Color code materials/directions.
94. Use raised-line paper.
95. Provide calculators.
96. Circle math computation sign.
97. Use hand signals to cue behavior (e.g., attention, responding).
98. Establish a rationale for learning.
99. Use advance organizers.
100. Help children to develop their own learning strategies.

EXAMPLES OF DISABILITIES/ACCOMMODATIONS UNDER SECTION 504

The accommodations/services a child receives will be based upon the unique needs identified during the evaluation process. Many accommodations listed could be the parents' or child's responsibility.

Some disabilities listed in this section are special education categories. These disabilities could also be covered by Section 504/ADA.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Example: The child frequently misses school and does not have the strength to attend a full day. This child has a disability which substantially limits the life activities of learning and caring for one's self.

POSSIBLE ACCOMMODATIONS:

- Apply universal precautions.
- Administer medications, as prescribed.
- Adjust attendance policies.
- Adjusted schedule or shortened day.
- Provide rest periods.
- Adapt physical education curriculum.
- Establish routine communication with health professionals, school nurse, and home.
- Develop health care and emergency plan.
- Meet with doctor, parents, teachers, and administrators.
- Provide two-way audio/video link between home and classroom.
- Modify assignments and tests.
- Provide an extra set of textbooks for home.

- Provide staff training on confidentiality.
- Provide education and support for peers regarding issues of death and dying.
- Tape books or provide a personal reader.
 - Arrange for a support group.
 - Provide employment transitions for secondary children.
 - Develop supportive community attitudes regarding schools' need to provide education to HIV positive/AIDS children.
 - Initiate a "Kids on the Block" AIDS program.
 - Video-tape classroom teacher.
 - Provide a peer support group to encourage communication.
 - Provide technology at home with possible link to the school

ALLERGIES

EXAMPLE: The child has severe allergic reactions to certain pollens and foods. The condition is substantially limiting to the major life activity of breathing.

POSSIBLE ACCOMMODATIONS:

- Avoid allergy causing substance: soap, weeds, pollen, food.
- Inservice necessary persons: dietary people, peers, coaches, laundry for sports people (soap).
- Avoid using chalk boards.
- Avoid using perfume and hairspray.
- Provide clean rooms and avoid rooms with carpet.
- Allow time for shots/clinic appointments.
- Use air purifiers.
- Adapt physical education curriculum during high pollen time.
- Improve room ventilation. (When remodeling has occurred and materials may cause an allergy.)

ARTHRITIS

EXAMPLE: A child with arthritis may have persistent pain, tenderness or swelling in one or more joints. The condition is substantially limiting to the major life activity of performing manual tasks.

POSSIBLE ACCOMMODATIONS:

- Provide a rest period during the day.
- Accommodate for absences for doctor's appointments.
- Provide assistive devices for writing (e.g. pencil grips, non-skid surface, typewriter/computer, etc).
- Modify physical education curriculum.
- Administer medication, as prescribed.
- Arrange for assistance with carrying books, lunch tray, etc.
- Provide book caddy.
- Implement movement plan to avoid stiffness.
- Provide seating accommodations.
- Allow extra time between classes.
- Provide locker assistance.

- Provide modified eating utensils.
- Develop health care plan and emergency plan.
- Provide time for massage or exercises that may be needed.
- Modify recess time.
- Provide peer support groups.
- Arrange for someone else to take notes.
- Install handle style door knobs (openers).
- Record lectures/presentations.
- Have teacher provide outlines of presentation.
- Issue Velcro fasteners for bags, shoes, coats.
- Provide a more comfortable style of desk.
- Adjust attendance policy, if needed.
- Provide a shorter school day.
- Furnish a warmer room and sit child close to the heat.
- Modify curriculum for the lab classes.
- Supply an extra set of books for home use and keep a set at school.
- Let child give reports orally rather than written.
- Assign someone to monitor plan.
- Begin an awareness program for other children.
- Monitor any special dietary considerations.
- Modify the school curriculum, as necessary, i.e. in band assist in selecting instrument child can play.
- Make any needed bathroom accommodations.
- Accommodate for writing with a computer and note taking with a tape recorder.

ASTHMA

EXAMPLE: A child has been diagnosed as having asthma. The disability limits the major life activity of breathing. The school is required to make reasonable accommodations in the education program.

POSSIBLE ACCOMMODATIONS:

- Modify activity level for recess, physical education, etc.
 - Provide inhalant therapy assistance.
 - Administer medication, as prescribed.
- Remove allergens — e.g., hairspray, lotions, perfumes, pine trees, carpet.
- Make field trips non-mandatory and supplement with videos, audios, movies, etc.
 - Provide education to peers/teachers/others (bus drivers, cooks, etc.).
 - Provide access to water, gum, etc.
 - Provide curriculum considerations (science class, physical education, etc.).
 - Develop health care and emergency plan.
 - Provide compensation if individual misses an excessive amount of school.
 - Have peers available to carry materials to and from classes (e.g. lunch tray, books).
 - Provide rest periods.
 - Make school health care needs known to appropriate staff.
 - Modify field trip experiences.
 - Arrange for access to wheelchair for transition purposes.
 - Have a locker location which is centralized and free of atmosphere changes.

- Modify school day, if needed.
- Modify attendance policies.
- Modify certain learning activities.

ATTENTION DEFICIT DISORDER (ADD) AND ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

EXAMPLE: The child does not meet eligibility requirements under IDEA as emotionally disturbed, learning disabled or other health impaired. The child is regarded as having ADD by a doctor, and the disability limits the major life activity of learning.

POSSIBLE ACCOMMODATIONS:

- Adjust child seating.
- Use simple, concise instructions.
- Provide a peer tutor/helper.
- Teach compensatory strategies.
- Administer medication, as prescribed.
- Staff monitor stress and fatigue; adjust activities.
- Modify assignments.
- Change instructional pace.
- Provide supervision during transitions, disruptions, field trips.
- Use study guides, organizing tools.
- Modify testing procedures.
- Initiate frequent parent communication.
- Establish a school/home behavior management program.
- Provide training for staff and parents.
- Have the child use an organizer—train in organizational skills.
- Establish a cue between teacher and child.
- Assign chores/duties around room/school.
- Modify environment to avoid distractions.
- Have child work alone or in a study carrel.
- Highlight required or important information/directions.
- Place assignments or directions on tape for auditory learner.
- Provide a checklist for child, parents, and/or teacher to record assignments or completed tasks.
- Use a timer to assist child to focus on given task or number of problems in time allotted — *stress they need to be done correctly.*
- Have child re-state or write directions/instructions.
- Allow child to respond in variety of different modes, i.e. may place answers for tests on tape instead of paper.
- Give child opportunity to stand while working.
- Provide additional supervision to and from school.
- Modify child's work area with barriers.
- Prescribe physical activity, exercise, etc.
- Determine trigger points and prevent action leading to trigger points.
- Provide a sociometric/sociogram design, such as circle of friends.

CEREBRAL PALSY

EXAMPLE: The child has serious difficulties with fine and gross motor skills. A wheelchair is used for mobility. The condition is substantially limiting to the major life activity of walking.

POSSIBLE ACCOMMODATIONS:

- Provide assistive technology devices (computer).
- Arrange for use of ramps and elevators.
- Allow for extra time between classes.
- Assist with carrying books, lunch trays, etc.
- Modify physical education curriculum.
- Provide for physical therapy.
- Modify eating utensils.
- Initiate an emergency health care plan.
- Educate peers/staff.

DRUGS AND ALCOHOL

EXAMPLE: The child has used drugs and alcohol for many years. This problem has affected the major life activities of learning and caring for one's self. The child is presently not using drugs or alcohol and is in a rehabilitation program. The condition is substantially limiting to the major life activity of learning.

POSSIBLE ACCOMMODATIONS:

- Provide texts and assignments to treatment facility.
- Arrange for periodic home-school contacts.
- Establish daily/weekly journal.
- Communicate with treatment facility.
- Provide/arrange for school counseling.
- Establish peer support group.
- Dismiss from school for treatment without punitive measures.
- Ensure stronger link with school counselor.
- Inservice staff.

EMOTIONALLY DISTURBED

EXAMPLE: A child who is emotionally disturbed may need an adjusted class schedule to allow time for regular counseling or therapy. The condition is substantially limiting to the major life activity of learning.

POSSIBLE ACCOMMODATIONS:

- Administer medication. as prescribed
- Approve early dismissal to attend therapy.
- Maintain weekly/daily journals; self-recording of behavior.
- Establish home-school communication system.
- Schedule periodic meetings with home and treatment specialists.
- Provide carry over of treatment plans into school environment.
- Assist with agency referrals.
- Develop behavior management programs.
- Write contracts for child behavior.

- Post rules for classroom behaviors; teach expectations.
- Provide school counseling, social skills instruction.
- Ensure agency/school collaboration.
- Educate other children/staff/school personnel.
- Provide carryover treatment plans into home environment.
- Reinforce positive behavior.
- Schedule shorter study and work periods according to attention span expected.
- Be consistent.

EPILEPSY

EXAMPLE: The child is on medication for seizure activity, but experiences several grand mal seizures each month. The condition is substantially limiting to the major life activity of learning.

POSSIBLE ACCOMMODATIONS:

- Train staff and children and prepare an emergency plan.
 - Monitor and/or distribute medications, as prescribed.
 - Change seating.
 - Provide rest time and academic considerations following seizure.
 - Arrange buddy system.
 - Provide an alternative recess.
- Provide education for peers.
- Inservice staff.
 - Plan for academic make-up work, so individual can catch up with peers.

ORTHOPEDICALLY IMPAIRED

Example: The child has limited mobility and is confined to a wheelchair. The condition is substantially limiting to the major life activity of walking.

POSSIBLE ACCOMMODATIONS:

- Develop a health care and emergency plan.
- Implement an adaptive physical education program.
- Provide physical therapy at school.
- Check facilities regarding physical accessibility.
- Provide extra time to get to class.
- Supply a set of textbooks for home.
- Provide a copy of class notes from a peer.
- Practice emergency exit from school building.

CONDUCT DISORDER

EXAMPLE: The child exhibits poor peer interactions, has no friends and isolates himself from group activities. The condition is substantially limiting to the major life activity of learning.

POSSIBLE ACCOMMODATIONS:

- Teach cooperative learning strategies within the classroom.
- Work with the family to implement home/school behavior plan.
- Provide school counseling.

- Set up a behavior management plan.
- Provide outings and real life experiences.
- Arrange for small group situations.
- Furnish a big brother/sister program.
- Provide extra-curricular activities that interest the child.
- Monitor case management with human service.
- Pair with peer/tutor or role model.
- Provide peer support groups.
- Begin social skills instruction.
- Monitor and/or administer needed medications.

CHILD WITH SPECIAL HEALTH CARE NEEDS

Example: The child has a special health care problem and requires clean intermittent catheterization twice each day. The condition is substantially limiting to the major life activity of caring for one's self.

POSSIBLE ACCOMMODATIONS:

- Apply universal precautions.
- Provide trained personnel to perform special procedures.
- Provide child with private location and time to perform procedures.
- Involve school nurse, parents, teachers, and staff.
- Allow preferential seating.
- Modify recess, physical education, and transportation.
- Modify classroom environment.
- Re-evaluate/update periodically.
- Develop health care and emergency plan.
- If necessary, modify attendance policy.
- Establish health alert —every staff member involved with this child is aware of the health problem and of proper procedures.
- Provide a beeper/paging system for trained personnel.
- Arrange for trained personnel on school field trips.

TOURETTE'S SYNDROME

EXAMPLE: The child exhibits inappropriate gestures and sounds in the classroom and hallways. The condition is substantially limiting to the major life activity of learning.

POSSIBLE ACCOMMODATIONS:

- Pair with a fellow child for study.
- Educate other children about associated outbursts.
- Arrange for frequent parental interaction.
- Medication administration, as prescribed.
- Provide supervision for transition activities.
- Modify assignments.
- Provide alternative work space.
- Initiate time out.
- Cue child of inappropriate behavior.
- Provide peer inservice.

- Furnish supervision while child is acting out.
- Inservice teachers about different discipline procedures.
- Provide appropriate space for the child to act out episode.
- Make staff and children aware “with parental involvement.”

TRAUMATIC BRAIN INJURY

EXAMPLE: The child sustained a brain injury in an automobile accident. Many academic and motor skills have been lost from the injury. The condition is substantially limiting to the major life activity of learning, performing manual tasks, and/or caring for one's self.

POSSIBLE ACCOMMODATIONS:

- Provide extended school year/time.
- Furnish memory/organizational aids.
- Provide alternative testing.
- Initiate tutoring programs.
- Prepare for an emergency plan.
- Inservice staff and peers.
- Provide a monitoring process.