

# Print Disability "Human Reader for Reading Passages" Accommodation Checklist

Student Name:

Grade: 

6	7	8	2 <sup>nd</sup> Year High School
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SAU/School Name:

IEP Date:

1. The student is:

- Blind
- Visually Impaired
- Identified as having a print disability (Supported by assessment data and indicated in Section 3 of IEP document)

2. The student has a current:

- IEP
- 504 Plan

3. Is text-to-speech, screen reader, or human reader available as the student's primary mode of accessing text in ALL subjects (textbooks, books, assignments, tests) **as documented in the IEP or 504 plan for a minimum of 3 months?**

- Yes
- No

4. Please mark all that apply to the reading accommodations listed on the students IEP/504.

What?

- Text-to-Speech
- Human Reader

When?

- State Assessments
- Classroom Assignments
- Classroom Assessments

**\*\*Students who are blind or have a significant visual impairment can stop here.**

5. Does the student's IEP or 504 Plan document severe deficits in decoding skills and provide services or support to address the reading deficits?

- Yes
- No

6. What is the student's reading level without Text-to-Speech (TTS) accommodations?

Reading Level:	
Tool Used:	
Date Administered (must be within one calendar year)	

7. Does the assessment demonstrate evidence of a print-disability and show a significant discrepancy in comprehension and understanding that is higher using TTS or human reader than when accessing print independently?

Yes

No (Indicates the student does not have a print disability and is not eligible for the Human Reader for Reading Passages accommodation)

8. The IEP team has documented, in the Written Notice that the Human Reader for Reading Passages accommodation was determined after complete review of the Print Disability Flow Chart and the completion of the Print Disability Human Reader for Reading Passages Accommodation Checklist during the IEP meeting.

Yes

No

If checklist is complete and indicates student with a print disability, the Human Reader for Reading Passages accommodation may be provided.

I verify that the student meets the qualifications for identification as print disabled and will be provided the Human Reader for Reading Passages accommodation for state level assessments.

Signature test coordinator: \_\_\_\_\_

I verify that the student meets the qualifications for identification as print disabled and will be provided the Human Reader for Reading Passages accommodation for state level assessments.

Signature Special Education Director: \_\_\_\_\_

- **Place completed and signed copy of checklist in student special education file.**