

## Appendix D: Text-to-Speech, ASL Video, or Human Reader/Human Signer Guidance for English Language Arts/Literacy (ELA/L) Assessments

### Individualized Education Program (IEP) or 504 Plan Decision-Making Tool

Directions: This tool has been developed to assist IEP teams and 504 Plan Coordinators in identifying students who may be appropriate candidates to receive the accommodation for text-to-speech (computer-based), ASL video (computer-based), or Human Reader/Human Signer (paper-based) for the ELA/literacy summative.

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

School/Program: \_\_\_\_\_ State ID #/Local ID#: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

IEP Team Members or 504 Plan Coordinator/Staff		
Title	Name	Date
IEP team Chairperson or 504 Coordinator:		
Special Education Teacher(s):		
General Education Teacher(s):		
IEP team member(s) qualified to interpret reading evaluation results:		
Parent(s)/Guardian:*		
Student (if a team participant):		
Other IEP team member(s):		
<b>Verification of Parent/Guardian Notification (optional):*</b> _____ (Parent/Guardian Initials) <i>I have been informed by my child's school that my child will receive a text-to-speech, ASL video or Human Reader/Human Signer accommodation for an English language arts/literacy (ELA/L) assessment.</i>		

\* If the parent/guardian does not initial this form, the school should attach documentation of notification to the parent and date of notification to this form regarding the decision to provide the text-to-speech, ASL video, or Human Reader/Human Signer accommodation to the student, and keep this form with the student's records.

If all guidelines listed are met, and the student is given the **text-to-speech, ASL video, or Human Reader/Human Signer accommodation** for the English language arts/literacy (ELA/L) assessment, he/she will receive a valid score on the assessment. If all guidelines are not met, and the student is given the **text-to-speech, ASL video, or Human Reader/Human Signer accommodation** on an English language arts/literacy (ELA/L) assessment, the student's assessment score may be invalidated and the score would not be counted in the overall assessment results; i.e., the student would be considered a "non-participant" for the English language arts/literacy (ELA/L) assessment.

Guidelines for IEP Team or 504 Plan Consideration	Additional Guidance	Agree/ Disagree
<p>The student has an Individualized Education Program (IEP) or 504 plan.</p>	<p>Student has an approved IEP or current 504 plan.</p>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<p>In making decisions on whether to provide the student with this accommodation, IEP teams and 504 Plan Coordinators are instructed to consider whether the student has:</p> <ul style="list-style-type: none"> <li>• Blindness or a visual impairment and has not yet learned (or is unable to use) braille;</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• A disability that <i>severely limits or prevents</i> him/her from accessing printed text, even after varied and repeated attempts to teach the student to do so (e.g., student is unable to decode printed text);</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Deafness or a hearing impairment and is severely limited or prevented from decoding text due to a documented history of early and prolonged language deprivation.</li> </ul>	<p>For the screen reader accommodation, the IEP team or 504 Plan Coordinator must determine whether the student is blind or has a visual impairment and has not yet learned (or is unable to use) braille.</p> <p>For the <b>text-to-speech, ASL video, or Human Reader/Human Signer accommodation</b>, the IEP team or 504 Plan Coordinator must determine whether the student has a disability that <i>severely limits or prevents</i> him or her from decoding text.</p> <p>This accommodation is not intended for a student reading somewhat (i.e., moderately) below grade level.</p> <p>The IEP or 504 plan must document objective evidence from a variety of sources (including state assessments, district assessments, AND one or more locally-administered diagnostic assessments or other evaluation) that indicate that the student’s ability to decode text is severely limited or prevented or that the student is blind or visually impaired and has not yet learned (or is unable to use) braille.</p> <p>States may provide additional guidance for their respective states based on state policy or practice.</p>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<p>Before listing the accommodation in the student’s IEP or 504 plan, teams and plan coordinators should also consider whether:</p> <ul style="list-style-type: none"> <li>• The student has access to printed text during routine instruction through a reader or other spoken-text audio format, or interpreter;</li> <li>• The student’s inability to decode printed text or read braille is documented in evaluation summaries from locally-administered diagnostic assessments; or</li> <li>• The student receives ongoing, intensive instruction and/ or interventions in the foundational reading skills to continue to attain the important college and career-ready skill of independent reading.</li> </ul>	<p>States may provide additional guidance for their respective states in order to define intensive instruction and interventions based on state policy or practice.</p>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

List the data and/or evaluation sources that were used to document the decision to give the text-to-speech, ASL video, or Human Reader/Human Signer accommodation to the student on the English language arts/literacy (ELA/L) assessment(s):

1) Name of Diagnostic Evaluation or Educational Assessment: \_\_\_\_\_

Name and Title of Test Administrator: \_\_\_\_\_

Most Recent Testing Date: \_\_\_\_\_

Score(s): \_\_\_\_\_

Provide a Summary of the Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Name of Diagnostic Evaluation or Educational Assessment: \_\_\_\_\_

Name and Title of Test Administrator: \_\_\_\_\_

Most Recent Testing Date: \_\_\_\_\_

Score(s): \_\_\_\_\_

Provide a Summary of the Results: \_\_\_\_\_

3) List any additional assessment data, scores, and/or evaluation results that were used to guide the decision-making process for IEP teams or 504 Plan Coordinators regarding the text-to-speech, ASL video, or Human Reader/Human Signer accommodation for the English language arts/literacy (ELA/L) assessment(s):

\_\_\_\_\_

\_\_\_\_\_

List the instructional interventions and supports specifically related to reading that are currently provided through daily instruction to the student:

- Intensive reading interventions have been provided to the student for \_\_\_\_\_ years.
- List the specific school years and frequency \_\_\_\_\_
- Describe and list the specific reading intervention(s) provided to the student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any additional relevant information regarding the student:**

\_\_\_\_\_

\_\_\_\_\_