

Scribe Accommodation Request Form for Assessment

Instructions

If a student with a disability requires a scribe accommodation that is listed in the student's IEP or 504 plan for assessment, this request form must be filled out and returned to Utah State Board of Education (USBE).

If a student is experiencing a debilitating injury just prior to testing that prevents him/her from being able to write he/she may need a scribe, approval for use of the scribe accommodation for such reason is done through this request form. You will need to obtain medical documentation to keep in the student's file.

This form must be completed and emailed to Tracy Gooley at least 3 four weeks prior to testing to ensure a timely state response. If this request is due to a debilitating injury that has occurred just prior to (after the 3 week requirement) or during testing, contact USBE immediately by email or phone. A copy of this form must be kept in the student's (IEP and/or school) file.

District/LEA Name:

Date:

School Name:

Student State ID (SSID) #:

School Telephone #:

Student's Grade:

Type of Scribe Accommodation Being Requested

Human Scribe Speech-to-Text/Voice-Recognition Software device

If using Speech-to-Text/Voice-Recognition Software device, provide the name of assistive technology:

Give a brief description about how the Scribe Accommodation has been used for classroom instruction

(Please include the type of Speech-to-Text/Voice-Recognition Software device if applicable)

Indicate Type of Plan

IEP 504 Plan Emergency Scribe

In signing and submitting this form to USBE for consideration for approval, the principal/designee and LEA assures that:

- 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.
- For Speech-to-Text/Voice-Recognition Software the proposed accommodation has been used in training tests to assure the assistive technology works appropriately for the student before the assessment session.

Principal/Designee Signature: _____

If Requesting Permissive Mode be Turned on for a Purpose Other than Scribe

Please give a brief explanation for the reason of the request and the type of assistive technology that will be used:

<p>For USBE Use Only: (This completed section will be returned to your LEA/Principal prior to testing.)</p> <p><input type="checkbox"/> This request has been approved</p> <p><input type="checkbox"/> This request has been denied for the following reason:</p> <p>USBE Staff Name and Position: _____</p> <p>Signature: _____ Date: _____</p>
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