



Catholic Accommodation Plan

Form 10

ARCHDIOCESE OF WASHINGTON

The purpose of this Catholic Accommodation Plan (CAP) is to document the reasonable accommodations the archdiocesan Catholic school listed below will strive to offer a student requiring accommodations. For those students who may require specialized academic instruction, a modified curriculum, or modified assessments, an Individual Catholic Education Plan (ICEP) must be completed in lieu of this form.

School Name: _____

Date: _____

School Year: _____

Person completing this form: _____

Student Information

Student Name (*Last, First, M.I.*): _____

Grade: _____

Sex: Male Female

Date of Birth: _____
mm/dd/yyyy

Homeroom Teacher: _____

Other current teachers: _____

Local public school district: _____

Student's home school district: _____

Information Supporting Accommodations

Archdiocesan Catholic Schools welcome children who have special needs and may be able to make reasonable accommodations for these students in some circumstances. However, parents must provide current, accurate information regarding the student's needs to assist schools in determining whether accommodations are possible. Indicate the evaluations or assessments provided by the parents to support the student's need for accommodations, and include dates of assessments or evaluations:

- Medical evaluation (dated: _____)
- Educational evaluation (dated: _____) Specify _____
- Speech and Language Evaluation (dated: _____)
- English Language Assessment as Identified under Title III (ELL) (dated: _____)
- Occupational Therapy Evaluation (dated: : _____)
- Vision/hearing evaluation (dated: : _____)
- Other: Specify _____

Primary diagnosis/identification: _____

Pertinent educational and/or ELL assessment information: _____

School records reviewed: _____

Standardized testing results (give date and important points): _____

Does the student have a current Service Plan? Yes No Date of plan: _____

Educational Information

Past schools attended by this student: _____

Retained? Yes No If so, grade(s) retained: _____

Current absences or tardies: _____

Is there a history of chronic absences or tardiness? Yes No If yes, please describe: _____

Academic concerns (past and current): _____

Behavior concerns (past and current): _____

Other pertinent information, including family, health history, etc.: _____

Teachers implementing plan:

- Name: _____
- Name: _____
- Name: _____
- Name: _____
- Name: _____
- Name: _____

Persons completing this plan:

Name and Title: _____
Signature: _____ Date: _____

Name and Title: _____
Signature: _____ Date: _____

Name and Title: _____
Signature: _____ Date: _____

Accommodations

The following are typical accommodations that schools could implement for students who have proper supporting documentation. Unless otherwise indicated, all accommodations are to be made in all subject areas by all teachers.

CAP written for the following reasons: _____

Assessments

- Allow extra time to complete test (Specify amount: 25% 50% 100%)
- Allow teacher assistance for test taking
 - Reminder to review directions
 - Reread/explain directions
 - Check that all items on test are attempted
 - Read aloud: Specify subjects _____
 - Allow oral follow-up
 - Other: *Specify* _____
- Modify essay/paragraphs responses on tests
 - Accept graphic organizers
 - Accept dictated answers
 - Other: *Specify* _____
- No penalty for spelling in content areas
- Small group testing
- Alternative testing environment: *Specify* _____
- Student may use an English/native language dictionary
- Student repeat/rephrase directions
- Allow student to read test content aloud
- Allow use of technology: *Specify* _____
- Provide word bank
- No use of fill-in-the-bubble sheets
- May write directly on all tests
- Provide a scribe
- Standardized test accommodations
 - Scantron: *Specify* _____
 - HSPT: *Specify* _____
 - Benchmark: *Specify* _____
 - Faith and Knowledge: *Specify* _____
- Other *Specify* _____

Instructional

- Adjust homework assignments
 - Amount: *Specify* _____
 - Format: *Specify* _____
 - Timing: *Specify* _____
 - Specific subject allowed _____
- Assignment pad signed by teacher/parent daily
- Homework assignments emailed to parent/student
- Homework submitted electronically
- Break work into smaller segments
- Give extra time to complete tasks/assignments
- No re-copying of sentences
- Provide written directions for all assignments
- Reduced emphasis on handwriting (may print or word process)
- Simplify multi-step directions
- Allow use of audio books

- Allow student to read aloud
- Allow use of speech-to-text/text-to-speech technology
- Allow use of a spell checker
- Allow use of a calculator
- Allow use of addition and/or multiplication chart
- Allow use of other assistive technologies: *Specify* _____
- Allow use of English/native language dictionary
- Provide copies of notes or note taking templates
- Organizational/procedural checklists
- Provide study guide: Specify by when it will be provided _____
- Reduce copying from the board
- Provide a scribe
- Small group instruction: *Specify* _____
- Large print
- Provide read-to as necessary: *Specify* _____
- Use visuals: *Specify* _____
- Pair with home language: *Specify* _____
- Provide wait-time
- Use a timer
- Check for understanding
- Other: *Specify* _____

Behavior

- A clear warning will be given to student prior a consequence being delivered
- Alternative behavioral referral procedure: *Specify* _____
- Allow student to stand at times while working
- Develop nonverbal cues (“secret signal”) to help student stay on task: *Specify* _____
- Increase opportunities for legitimate movement: *Specify* _____
- Specialized behavior plan for this behavior: *Specify* _____
- Student will be taught self-monitoring techniques: *Specify* _____
- Student may hold a specified item in his/her hand: *Specify* _____
- Behavioral checklists
- Use a timer
- Other: *Specify* _____

Environment

- Preferential seating: *Specify* _____
- Uniform adaptations: *Specify* _____
- Desk/seating: *Specify* _____
- Sensory: *Specify* _____
- Writing: *Specify* _____
- Other: *Specify* _____

Do any of these accommodations change the curriculum the child is being taught and/or the expectations of what will be learned? Yes No

If any of the above are checked yes, this may not be an accommodation, but a modification. In that case, the child needs an annual goal written on an ICEP.

Indicate how the success of the above accommodations will be measured. List specific benchmarks and tools for measuring success: _____

When will this plan be reviewed? _____

Parent Responsibilities

The following list contains typical supports that children who need accommodations and/or modifications at school often need from their parents at home. The purpose in documenting these supports is to emphasize the critical need for a home and school partnership in order for children to perform at their best. Parents should clearly understand which of the following items the school considers to be most essential to their child's success at school.

Academic Support

- Child will read with parents nightly for _____ minutes.
- Parents will check homework for *quality* of homework.
- Parents will support a consistent homework/study routine
- Parents will supervise homework/study routine.
- Parents will ensure their child attends school regularly.
- Parents will ensure their child arrives to school on time.
- Parents will maintain regular communication with teacher/school. *Specify* _____
- Other: *Specify* _____

Behavioral Support

- Parents will work with school to develop and implement a behavior support plan.
- Other: *Specify* _____

Health/Medication management

- Parents will inform the school of medication changes.
- Parents will insure child takes medication at home.
- Child has regular follow-up visits with medical personnel to monitor medication effectiveness and other health related conditions: *Specify* _____
- Parents will provide the school with medications that must be administered at school along with supporting documentation.
- Other: *Specify* _____

Organizational Support

- Parents initial daily homework notebook.
- Parents supervise backpack clean-out regularly.
- Parents review upcoming daily routine with child each day before school.
- Other: *Specify* _____

Social Skills Development

- Parent will encourage play opportunities for the child that reinforce age-appropriate socialization.
- Other: *Specify* _____

Other: *Specify* _____

Parent/Guardian Acknowledgment

Name of Parent/ Guardian: _____

Please Print

I hereby acknowledge that I have read and reviewed this Catholic Accommodation Plan and agree to its terms. I understand and acknowledge the Archdiocese of Washington's Catholic School Policy 3515, which states that the final decision for admission and re-enrollment of any student rests with the principal. I understand and acknowledge that Catholic school principals will give careful consideration to the admission of students with special needs, but are not required to admit, re-enroll, or continue the enrollment of students whose needs cannot be reasonably accommodated. I understand and acknowledge that Catholic schools may accept students with disabilities if the school is able to meet their needs with reasonable accommodations. Because Catholic schools do not receive any direct federal or state aid to provide for all types of students with disabilities, there are some needs that Catholic schools may be unable to meet.

I understand and acknowledge that when I choose a Catholic school for my child, I am forfeiting the right to "FAPE," the free, appropriate public education that is required to be provided by public schools. I understand and acknowledge that while my child attends a Catholic school he or she may be eligible to receive direct services from the local educational agency (the public school district), and I will work that LEA, if the need arises, to obtain these services.

This Catholic Accommodation Plan lists the reasonable accommodations that the School will strive to provide for my child. I understand and acknowledge that it is fully within the principal's discretion to determine whether the School can continue to provide these accommodations, and may determine that the school is no longer able to meet the needs of my child. I confirm that at the time of admission, I provided all relevant evaluations and assessment documents to the School to describe my child's specific educational needs, and I will continue to provide current documentation of testing and evaluation as they become available.

Signature of
Parent/ Guardian:

Date:
