IEP/504 Plan/Health Plan Accommodation and/or Modification Checklist

Alabama Physical Fitness Assessment (APFA)

Any accommodations and/or modifications to the APFA are to be documented on this form. When completed by the student's team, this checklist becomes part of the student's IEP, 504 Plan, or Health Plan.

Name_	School
Grade	Academic Year Date
Test S	cheduling Accommodations
Test w	ill be administered:
	At time of day most beneficial to student. In periods of one subtest followed by a break of minutes.
	With other necessary accommodations regarding nature of disability and assessment.
Explair	1:
Test S	etting and Administration Accommodations
Test w	ill be administered:
	In small groups.
	In the special education classroom.
	By student's physical education teacher.
	By an aide under supervision of physical education teacher.
	By physical education teacher with help from aide or special education teacher.
	Individually or one-on-one with student and physical education teacher or aide.
	With other necessary accommodations regarding nature of disability and assessment.
Explair	1:
Test E	quipment Accommodations
Test w	ill be administered:
	With amplification equipment such as hearing aid or auditory trainer.
	With environmental equipment such as noise buffer, slant board, wedge, special lighting, special
	acoustics, adaptive or special furniture, or carrel.
	With other necessary accommodations regarding nature of disability and assessment.
Explair	n:
Test N	/lodifications
Test w	ill be administered with modification(s) written in spaces below:
	One-Mile Run or Walk or PACER
	90-Degree Push-Up
	Partial Curl-Up
	Back-Saver Sit-and Reach <i>or</i> V Sit-and-Reach
	With other necessary modifications regarding nature of disability and assessment.
	Accommodations and/or Modifications to the APFA must be documented by

the physical education teacher in the INOW Health notes section.