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

## **Alabama Physical Fitness Assessment**

IEP/504 Plan/Health Plan Accommodation and/or Modification Checklist is to be documented in the student's Individual Education Plan (IEP), 504 Plan or Health Plan. When completed this checklist becomes part of the student's IEP, 504 Plan, or Health Plan.

Name	e S	School	
Grad	e Academic Year	Date	
Test	Scheduling Accommodations		
	will be administered:  At time of day most beneficial to student.  In periods of one subtest followed by a br  With other necessary accommodations re	reak of minutes.	t.
Expla	in:		
Test	Setting and Administration Accommoda	ations	
	will be administered: In small groups. In the special education classroom. By student's physical education teacher. By an aide under supervision of physical e By physical education teacher with help fr Individually or one-on-one with student a With other necessary accommodations re	rom aide or special education teacher. and physical education teacher or aide.	t.
Expla	in:		
Test	Equipment Accommodations		
	will be administered:  With amplification equipment such as head With environmental equipment such as not acoustics, adaptive or special furniture, or With other necessary accommodations re	noise buffer, slant board, wedge, special ligh r carrel.	
Expla	in:		
Test	Recording Modifications		
	Partial Curl-Up Back-Saver Sit-and Reach <i>or</i> V Sit-and-Rea	achegarding nature of disability and assessmen	
Additional documentation is required in INOW Health in the notes section.			
Г	This form was placed in the student's	□IEP Folder □504 Plan □Hea	ılth Plan