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 __________________________ School ________________________________
Grade _______ Academic Year _________________________ Date ________________

Test Scheduling Accommodations

Test will 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.

Explain: ____________________________________________________________

Test Setting and Administration Accommodations

Test will 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.

Explain: ____________________________________________________________

Test Equipment Accommodations

Test will 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.

Explain: ____________________________________________________________

Test Recording Modifications

Test will 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 or V Sit-and-Reach ____________________________
- With other necessary accommodations regarding nature of disability and assessment.

Explain: ____________________________________________________________

Additional documentation is required in INOW Health in the notes section.

This form was placed in the student’s ___________________________ 504 Plan  Health Plan