

**McDowell County Schools**  
**TRANSITORY IMPAIRMENT Accommodation Form**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_  
**Parent Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ (h) \_\_\_\_\_ (w) **Meeting Date:** \_\_\_\_\_

The school designee, parent, and have reviewed the student’s prior plan which includes the following accommodations:

**School and Classroom Accommodations:**  
*Classroom/Facility – Administrative – Academic/Instructional – Social/Behavioral Accommodations*

Date	Accommodations	Person(s) Responsible

**Specify Classroom Testing Accommodations (must be necessary for this student).**

[refer to Testing Students with Disabilities to determine availability of approved accommodations for state-wide testing]:

- |  |   |
|--|---|
| <input type="checkbox"/> Extended Time: specify approx:  | <input type="checkbox"/> Crammer-Abacus                     |
| <input type="checkbox"/> Dictation to a scribe   | <input type="checkbox"/> Word processor/computer/typewriter |
| <input type="checkbox"/> Braille/Braille Writer  | <input type="checkbox"/> Magnification Devices              |
| <input type="checkbox"/> Large Print   | <input type="checkbox"/> Keyboarding Devices                |
| <input type="checkbox"/> One item per test page  | <input type="checkbox"/> Hospital/Home testing              |
| <input type="checkbox"/> Testing in separate room:   | <input type="checkbox"/> Interpreter/Translator Signs/Cues  |
| <input type="checkbox"/> 1:1 <input type="checkbox"/> small group (no more than 10)  | <input type="checkbox"/> Student reads test aloud to self   |
| <input type="checkbox"/> Students marks in book  | <input type="checkbox"/> Assistive Devices: specify         |
| <input type="checkbox"/> Bilingual dictionary/electronic translator (word)   |   |
| <input type="checkbox"/> Multiple Test Sessions: specify #/length:   | breaks every:   |
| <input type="checkbox"/> Read Aloud: specify <input type="checkbox"/> all words/numbers <input type="checkbox"/> words/numbers requested only <input type="checkbox"/> other |   |
| <input type="checkbox"/> Other   |   |

A MCS eligibility meeting will be held with review of current information by

Signatures	Position	Agree	Disagree
	Teacher		
	School designee		
	Parent		
	Other		