Individual Education Plan Accommodations Checklist

The Alabama Physical Fitness Assessment Individual Education Plan Accommodations Checklist is to be documented in the student’s Individual Education Plan (IEP). When completed by the IEP Team, this checklist becomes part of the student’s IEP.

Name: ____________________________  School: _________________________________
Grade: __________________________  Academic Year: _________________________

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 Accommodations

Test will be administered with accommodation(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: ______________________________________________________________