

Spring 2018 Vermont SBAC Request Text-To-Speech (3-5) and Human Reader (3-5) Non-Embedded Accommodation For Summative Assessment

This form is required for special educators who wish to request a human reader or the Text-to-Speech (TTS) Accommodation (reading of passages) in grades 3-5 on the ELA Computer Adaptive Test (CAT) Smarter Balanced Assessment. Please note that most students who need this accommodation will need this delivery on **ALL** assessments. This will require additional time and human resources. All readers and scribes must sign a confidentiality agreement and be trained in the Smarter Balanced Reader/Scribe assessment protocol. This accommodation must be documented in TIDE. District Administrators should not allow this accommodation without written consent from the Agency of Education (AOE).

Choose one: <input type="checkbox"/> Text-To-Speech (TTS) <input type="checkbox"/> Human Reader		
Student Name:	ID #:	Grade:
Testing School:		
Reporting District (SU/SD):		
Requested by (Name & Title):	Request Date:	
Contact Information (Phone Number, Mailing Address, Email & Fax Number):		
Authorization: Requests for the Read Aloud or TTS accommodation in grades 3-5 must be authorized by a designated school team that includes the parent or guardian, or at a minimum, ensures that the parent or guardian is notified and provided an opportunity for input.		
Who is making this request?: <input type="checkbox"/> IEP Team <input type="checkbox"/> 504 Team <input type="checkbox"/> Educational Support Team <input type="checkbox"/> Other (please explain)		
Meeting Date: _____		

Was the parent in attendance? Yes No If "No", please explain when and how the parent was notified and provided an opportunity for input: _____

Rationale: Use of the Read Aloud/TTS Accommodation in grades 3-5 is restricted to a very small group of students who are unable to process digital text, generally because of problems with cognitive processing or limited visual acuity, but have not had the opportunity to learn or adopt an alternative system. (i.e., braille or assistive devices). Please provide the rationale for providing this accommodation, including information on (1) why the student is unable to process written/digital text (including specific disability information if appropriate), and (2) why the student has not developed or been provided with an alternate system.



Please mail approval form to:

Linda Moreno
Assessment Coordinator for Special Populations
Vermont Agency of Education
219 North Main St., Suite 402
Barre, VT 05641

For Office Use Only

For: Text-To-Speech (TTS) Human Reader

Approved: Yes No Initial: _____ Date: _____

Linda Moreno, Assessment Coordinator for Special Populations
Phone (802) 479-1309; Fax (802) 479-1829

Explanation:



