



Student Accommodations/Supports

Please use this form to indicate which accommodations/supports benefit this student in the classroom setting. These can be accommodations/supports as outlined in an IEP or 504 plan, or they can just be supports that you just provide to this student because it is helpful.

Please check the accommodations/supports that you use in the classroom to support this student.

Student Name: _____

Token Economy/Star Chart

High Frequency of Reinforcement

Break Space

Visual Supports

Directions Read Aloud

Extended Time for Tasks

Simplified and Repeated Directions

Checks for Understanding (i.e. have student repeat directions back to staff)

Visual Schedule

Timer

Teaching of Coping Strategies

Self-Monitoring System

Noise Canceling Headphones

Alternate/Sensory Seating

Sensory Materials

Frequent Breaks

Other: