

Credit Accommodations for Students with Disabilities (IDEA and 504)

Eligibility Form

DIRECTIONS: Credit accommodations for the Standard Diploma shall be determined by the student's Individualized Education Program (IEP) team or 504 plan committee, including the student where appropriate, at any point after the student's eighth-grade year. The school must secure the informed written consent of the parent/guardian and the student, as appropriate, to choose credit accommodations after review of the student's academic history and full disclosure of the student's options.

The student must meet the following criteria to be eligible to receive credit accommodations for the Standard Diploma:

- a. Student must have a current IEP or 504 plan with standards-based content goals.
- b. Due to the intensity of the student's disability he/she is unlikely to achieve and make progress commensurate with grade level expectations, but is learning on grade level content.
- c. Student needs significant instructional supports to access grade level SOL content and to show progress.
- d. Based on multiple objective measures of past performance, the student might not be expected to achieve the required standard and verified units of credit within the standard time frame.

To identify appropriate students for credit accommodations, a student's IEP team or 504 committee must address each section of this form and attach supporting documentation as indicated.

Section I: Student Information

Student Name: _____ Date of Birth: _____

State Testing Identifier (STI): _____

School _____ Current Grade of Enrollment: _____

- Credit Accommodation considered:
- Substitute Assessment
 - Locally Awarded Verified Credit
 - VMAST
 - Division of Minimum Coursework

Section II: Qualifying Questions and Supporting Documentation

To participate in credit accommodations for the standard diploma, the student's IEP Team or 504 committee must determine that the student is eligible based on responses to the three criteria and reviewing the information provided below. A response of "No" for any single criterion or failure to provide supporting documentation indicates that the student is NOT eligible for the credit accommodation listed in Section I of this form.

1. Due to the intensity of the student's disability, he/she is unlikely to achieve and progress commensurate with grade level expectations, but is learning on grade level content? Yes No

- Provide a brief overview of the student's disability
- Describe the impact of the disability on the student's classroom performance

2. The student requires significant instructional supports to access grade-level Standards of Learning (SOL) and show progress? Yes No

- Describe the individualized supports/ specialized program/intervention provided to the student to access grade level SOL content.
- Describe the amount of time the student has used the individualized supports/specialized program/intervention and the impact on progress.

3. Based on multiple objective measures of past performance, the student is not expected to achieve the required standard and verified units of credit within the standard time frame. Yes No

- List the assessments and student's performance used to determine that the student is not progressing at the rate expected for the grade level or course.
- Describe the instructional remediation provided for the student to progress in the gradelevel SOL content.
- Describe the amount of time the student has used the instructional remediation and the impact on progress.

Section III: Justification Statement

The IEP Team must also provide a justification statement summarizing why the IEP team/504 committee has determined that the student is eligible for credit accommodations. The justification cannot be based on any specific categorical label (disability, gender, social, cultural or economic status, excessive or extended absences, beliefs that the student will fail the test, does not need the test for promotion or graduation or the student's behavior).

Signed:

_____	Date _____
Course Content Teacher	
_____	Date _____
Special Education Teacher/504 Representative	
_____	Date _____
Parent	
_____	Date _____
Building Administrator or Designee	
_____	Date _____
Other	
_____	Date _____
Other	