



Unique Accommodation Request Calculator on Non-Calculator Section CMAS: Mathematics Non-Calculator Section 2024-2025

Contact Information:

District Name: _____ Request Date: _____

School Name: _____

District Assessment Coordinator: _____

Student Information:

Student Name: _____ SASID: _____

Grade: _____

Criterion 1: The student has a current special education plan or has a 504 plan.

Type of plan: IEP 504

Date of most recent plan: _____

Disability Category (Select all that apply):

- | | | |
|--|------------------------------|--|
| Autism Spectrum Disorder | Intellectual Disability | Specific Learning Disability |
| Deaf-Blindness | Multiple Disabilities | Speech or Language Impairment |
| Developmental Delay | Orthopedic Impairment | Traumatic Brain Injury |
| Hearing Impairment, Including Deafness | Other Health Impaired | Visual Impairment, Including Blindness |
| | Serious Emotional Disability | |

Request:

Unique Accommodation Request: Calculator/Calculation Device on Non-Calculator Sections

Note: A number line is **not** an allowable tool/device and cannot be used on the math assessment.

If a student is testing online and needs a calculator in the non-calculator section as an approved unique accommodation, the student needs a hand-held calculator. The online calculator will not be available through the computer-based delivery platform for the non-calculator section. If a student needs a specific calculator (e.g., large key, talking), the student can bring their own, provided it is specified in their approved IEP or 504 Plan.

Do not submit the student’s IEP or 504 Plan.

See the Unique Accommodation Guidance Document for additional support.

The use of a math calculation device on the non-calculator sections of the math test is intended to provide basic access to the math test. It is not intended for use by students who can complete basic computations but are below grade level in their general math knowledge.



Student Name: _____

Student SASID: _____

Criterion 2: The student has a documented disability which significantly limits or prevents the student from performing basic calculations.

Does the student have a documented disability that significantly limits or prevents the student’s ability to perform basic mathematic calculations?

No. STOP HERE.

Yes. If one or more is “No” in the supporting data area:
CONTINUE TO CRITERION #3.

Complete the section below for 3rd through 8th grade students.

Can the student complete single-digit addition problems?

Yes No

Can the student complete single-digit subtraction problems?

Yes No

Complete the section below for 5th through 8th grade students only.

Can the student complete single-digit multiplication problems?

Yes No

Can the student complete single-digit division problems?

Yes No



Student Name: _____

Student SASID: _____

Criterion 3: The student’s inability to perform basic mathematical calculations is documented by evaluation on at least one recent locally administered assessment.

A commercially produced diagnostic or benchmark mathematics assessment that measures number sense and basic mathematic calculations has been given within the **current** academic year.

No. STOP HERE.

Yes. The diagnostic assessment indicates the student is below grade level in math; however, the student is able to perform single-digit computation The student’s disability prevents the student from performing multi-digit computation.

STOP HERE.

Yes. The diagnostic assessment indicates the student is below grade level in math; however, the student’s ability to perform single digit calculations is limited due to behavioral impact or lack of instruction. **STOP HERE.**

Yes. The diagnostic assessment indicates the student is below grade level in math; however, the student is able to perform single-digit computation with assistance from math tools. Use the form: **District Approval of Math Charts and Counters. STOP HERE.**

Yes. The diagnostic assessment indicates the student has a disability that severely limits or prevents the student’s ability to perform basic calculations even after varied and repeated attempts to teach the student to do so. **COMPLETE THE SUPPORTING DATA AND CONTINUE TO CRITERION #4.**

Name of diagnostic or benchmark assessment:

Administration date of most assessment:

Scores (assessment must be submitted without accommodation.):

Attach the student’s diagnostic or benchmark assessment score report as supporting documentation.

Do not submit the student's IEP or 504 plan.

See Unique Accommodation Guidance Document.



Student Name: _____

Student SASID: _____

Criterion 4: The student receives regular math interventions and uses a calculation device during regular daily instruction and classroom assessment the majority of the time.

The student receives regular and ongoing calculation instruction in addition to mathematics instruction and research-based interventions.

AND

The student has access to *and* uses a calculation device the majority of the time during instruction.

No. STOP HERE.

Yes. The student has access to a calculation device *upon request*.

STOP HERE.

Yes. The student has access to a calculation device **but does not use it regularly** (less than 55% of the time) during math instruction to perform basic calculations.

STOP HERE.

Yes. The student has access to a calculation device and uses it regularly (more than 55% of the time) **but only to perform complex (multi-digit) math calculations.**

STOP HERE.

Yes. The student uses a calculation device to perform basic (single-digit) calculations 55% or more of the time during math instruction to perform basic calculations; however, the student does not receive mathematic interventions.

STOP HERE.

Yes. The student uses a calculation device to perform basic (single-digit) calculations 55% or more of the time during math instruction and math intervention to perform basic calculations. **COMPLETE THE SUPPORTING DATA AND SUBMIT THE UAR.**

Identify the type of research-based math intervention the student receives:

Percentage of time the student uses the calculator during math instruction and math intervention:



Student Name: _____

Student SASID: _____

Unique Accommodation Request:

In signing this form to CDE for consideration for approval, the principal/designee and DAC assures that:

- The school team met and considered all listed accommodations before proposing this unique accommodation.
- This accommodation is documented on the student's IEP or 504 plan.
- The proposed accommodation is used *regularly and with fidelity* for routine class instruction and assessment.
- The student is practiced and efficient in using the proposed accommodation.
- The UAR form and accompanying data has been reviewed by the DAC and believes the student meets all the preceding criteria for the calculator on non-calculator section accommodation.
- The student has been added to the district spreadsheet for batch submission to CDE.
- UAR form and accompanying data has been submitted to CDE on or before **12/15/2024**.

DAC Signature: _____

Date: _____