



2022-23 Decision Guidelines for Text-to-Speech of the Smarter Balanced ELA Reading Passages

Use this form to help determine the need for the embedded text-to-speech of the reading passages assessment accommodation. This accommodation is **only** for students in Grades 3-8 with a *documented print disability*, or for *students who are blind* with inadequate braille skills. Please complete and maintain this form locally with the student's record.

Student has: ➔ IEP 504 Plan

Student Name: _____ SASID: _____ District: _____ School: _____ Grade: _____ Date: _____

Responses in **shaded boxes** may indicate a need for the text-to-speech available through the online computer platform. A **preponderance of evidence** should exist rather than one or two marks in shaded boxes to support the eligibility of a student in Grades 3-8 for text-to-speech of the reading passages accommodation.

Question	Assurance: Evidence may be found in the following sections of CT-SEDS (refer to the 504 or IEP Module as applicable)	Yes	No
1a. Is this student blind or does this student have a significant visual impairment?	<ul style="list-style-type: none"> Student Information section (refer to Primary Disability category) Present Levels of Academic Achievement and Annual Goal(s) and Objectives section 		
1b. If the student is blind or has a significant visual impairment, is the student learning to read braille?	<ul style="list-style-type: none"> Special Considerations and Progress Reporting sections 		
2a. Does this student have an identified reading-based disability that affects the student's decoding, fluency, or comprehension skills?	<ul style="list-style-type: none"> Special Considerations and Progress Reporting sections 		
2b. Is there evidence of the persistence of the reading-based disability despite intensive, targeted instruction. (Note: There should be documentation of the interventions used and formative assessment data on the effect of each intervention.)	<ul style="list-style-type: none"> Present Levels of Academic Achievement and Annual Goal(s) and Objectives section 		
3. Does the student's disability impact the student's ability to access the curriculum across all academic subjects?	<ul style="list-style-type: none"> Present Levels of Academic Achievement and Annual Goal(s) and Objectives section 		
4. Are interventions being utilized to improve the student's decoding, fluency, or comprehension skills?	<ul style="list-style-type: none"> Present Levels of Academic Achievement and Annual Goal(s) and Objectives section 		
5. Does the student use text-to-speech (computer), assistive technology software, or audio books during instruction?	<ul style="list-style-type: none"> Special Education and Related Services section Supplementary Aids and Services and Indirect Services sections District and State Testing Information section 		
6. Does the student belong to Bookshare (or similar organization) or use identified accessible educational materials? (See Determining the Need for Accessible Educational Materials (AEM) and Acquiring AEM from the Appropriate Sources for more information.)	<ul style="list-style-type: none"> Special Education and Related Services section Supplementary Aids and Services and Indirect Services sections District and State Testing Information section 		
7. Does the student use text-to-speech (computer) during Smarter Balanced Assessments or other class or districtwide assessments?	<ul style="list-style-type: none"> Special Education and Related Services section Supplementary Aids and Services and Indirect Services sections Indirect Services section District and State Testing Information section 		

Based on the limited preponderance of evidence indicated above, the student **does not qualify** for the Text-to-Speech of the Smarter Balanced ELA Reading Passages accommodation.

Based on the substantial preponderance of evidence indicated above, the student **qualifies** for the Text-to-Speech of the Smarter Balanced ELA Reading Passages accommodation. Appropriate school/district personnel must enter the Text-to-Speech accommodation in the Test Information Distribution Engine (TIDE) Test Settings prior to student testing unless the accommodation is indicated in a finalized IEP/504 Plan in CT-SEDS. Please sign to acknowledge the completion and accuracy of this determination.

Teacher Name _____

Signature

Special Education Director Name _____

Signature

District Administrator Name (DA in TIDE) _____

Signature