

CLASSROOM MODIFICATIONS CHECKLIST FOR STUDENTS WITH PHYSICAL & HEALTH IMPAIRMENTS, 2nd Edition

Directions: This checklist provides a summary of the modifications needed for a student with a physical or

health impairment. A check is placed by each area that the student requires modifications.

Additional information is written in the spaces provided to explain the modification.

Person completing this form: _____ Date: _____

Contact information:

I. Description of Student (including type of condition)

Name:

DOB:

Area of Exceptionality:

Current Educational Placement:

Type of disability:

General information:

II. Physical/Health Monitoring (Please observe for the following problems that may occur)

- | | | |
|--|---------------------------|----------------|
| <input type="checkbox"/> Positioning problems | <i>Type of problems:</i> | <i>Action:</i> |
| <input type="checkbox"/> Difficulty accessing material | <i>Type of problems:</i> | <i>Action:</i> |
| <input type="checkbox"/> Problems in fine/
gross motor control | <i>Type of problems:</i> | <i>Action:</i> |
| <input type="checkbox"/> Mobility problems | <i>Type of problems:</i> | <i>Action:</i> |
| <input type="checkbox"/> Difficulty communicating | <i>Type of problems:</i> | <i>Action:</i> |
| <input type="checkbox"/> Special Equipment
(e.g., walkers, AFOs) | <i>Type:</i> | <i>Care:</i> |
| <input type="checkbox"/> Pain/Discomfort | <i>Location:</i> | <i>Action:</i> |
| <input type="checkbox"/> Fatigue/Endurance | <i>Observe for:</i> | <i>Break:</i> |
| <input type="checkbox"/> Monitor for health problems
(e.g., seizure, asthma, shunt) | <i>Type of condition:</i> | <i>Action:</i> |
| <input type="checkbox"/> Health care procedure | <i>Type:</i> | <i>Action:</i> |
| <input type="checkbox"/> Medication/ treatment effects | <i>Type:</i> | <i>Action:</i> |
| <input type="checkbox"/> Activity restrictions | <i>Type:</i> | |
| <input type="checkbox"/> Diet restrictions | <i>Type:</i> | |

___ Allergies *Type:*

___ Other (Specify)

Comments:

III. Environmental Arrangement: Across Environments

___ Modified day *Type:*

___ Transportation (bus) *Modifications:*

___ Arrival/Departure issues *Type:*

___ School navigational issues *Type:*

___ Classrooms near an exit *Explain:*

___ Proximity of classrooms *Explain:*

___ Locker modification *Type:*

___ Bathroom accommodations
or assistance in BR *Type:*

___ Lunchroom modifications
or assistance eating *Type:*

___ Playground modifications *Type:*

___ PE modifications *Type:*

___ Assembly modifications *Type:*

___ Specialized Emergency Evacuation Plan (Specify)

___ Other

Comments:

IV. Environmental Arrangement: Within Classrooms

___ Scheduled rest breaks *Frequency:*

___ Leaves early for next class *How early:*

___ Preferential seating *Location:*

___ Widened aisles

- ___ Assistance needed in transferring into chair
- ___ Assistance needed in moving chair up to desk
- ___ Special chair, desk, other *Equipment:*
- ___ Work surface modifications *Type:*
- ___ Materials need to be stabilized *How:*
- ___ Materials specially positioned *Location:*
- ___ Assistance manipulating materials *How:*
- ___ Other (Specify)

Comments:

V. Communication

- ___ Longer time to respond *Length of time:*
- ___ Uses AAC *Type(s):* *Most accurate using:*
- ___ Communicates correct answer with multiple choice format (with ___ number of choices) by
- ___ pointing to answer
 - ___ eye gazing
 - ___ marking with pencil
 - ___ signaling when oral choices given
 - ___ using switch to scanning device
 - ___ other
- ___ Other means of communication:

Comments:

VI. Instructional and Curricular Modifications

- ___ Requires extra set of books
- ___ Directions should be: ___ written down, ___ read orally, ___ demonstrated
- ___ Provide study outline
- ___ Provide extra repetition
- ___ More frequent feedback from teacher
- ___ Requires reinforcement *Type:*
- ___ Provide material in lower grade reading level *Level:*

___ Modified material *Type:* *How accomplished:*

___ Modified curriculum *Type:* *How accomplished:*

___ Organizational modifications *Type:*

___ Other (Specify):

Comments:

VII. Modifications and Assistive Technology for Specific Content Areas

___ Computer modifications (Specify)

___ Accessibility functions

___ Keyboard modifications

___ Alternative keyboard

___ On-screen keyboard

___ Alternative Input Device (e.g., switch)

___ Voice recognition

___ Output modifications

___ Writing/Keyboarding

Modifications/Assistive Technology Needs:

___ Spelling

Modifications/Assistive Technology Needs:

___ Reading

Modifications/ Assistive Technology Needs:

___ Math

Modifications/Assistive Technology Needs:

___ Specific Content Areas _____ (Specify)

Modifications/Assistive Technology Needs:

___ Life Management/Daily Living

Modifications/Assistive Technology Needs:

___ Recreation/Leisure

Modifications/Assistive Technology Needs:

___ Prevocational Areas
___ Modifications/Assistive Technology Needs:

___ Other Areas
___ Modifications/Assistive Technology Needs:

Comments:

VIII. Class Participation

- ___ Requires extended time to respond
- ___ Give student question(s) to answer in advance
- ___ Uses modified response/ communication system
- ___ Gains teacher attention by: ___ raising hand, ___ signally device, ___ AAC system.
- ___ Works best: ___ individually, ___ teams of two, ___ small group, ___ large group
- ___ Needs encouragement to participate in class discussions
- ___ Other (Specify)

Comments:

IX. Assignments/Classroom Tests

- ___ Needs an assignment notebook
- ___ Abbreviate assignments/tests *How:*
- ___ Break up assignments/tests into shorter segments
- ___ Provide extended time *Time estimates:*
- ___ Modify reading level *Reading level:*
- ___ Reduce paper/pencil tasks
- ___ Allow computer use for assignments
- ___ Allow alternate responding *Type:*
- ___ Alternate test/assignment format *Type:*
- ___ Peer helper for assignments *How:*
- ___ Alternate grading *Type:*
- ___ Add word banks on tests
- ___ Other (Specify)

Comments:

X. Sensory & Perceptual Modifications

- ___ Need to decrease visual clutter
- ___ Needs extra lighting or low lighting *Type:*
- ___ Needs material to be high contrast
- ___ Materials need to be modified visually or tactually *Type:*

or other adaptations (Specify)

- Student needs everything described orally
- Student uses hearing aides or other adaptations. *Type:*
- Student requires visual presentation
- Student requires set of notes in appropriate format *Type:*
- Other:

Comments:

This checklist was developed by Kathryn Wolff Heller, Ph.D., Georgia State University
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