



## WIDA ACCESS Spoken Response on Writing Domain

### Contact Information:

District Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

School Name: \_\_\_\_\_

District Assessment Coordinator (UAR must be reviewed and signed by DAC): \_\_\_\_\_

### 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: \_\_\_\_\_

If the plan type is a 504, identify the disability that interferes with the student's access to the test:  
\_\_\_\_\_

Eligibility Category (Select all that apply):

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

### Request:

WIDA ACCESS Spoken Response on Writing Domain: Human scribe or speech-to-text for computer- or paper-based assessment. Select which spoken response mode is requested:

- Human Scribe  Speech-to-Text (STT)

If selecting STT, provide the name of the program:  
\_\_\_\_\_

STT programs must be approved by CDE. Districts must submit the *Response Capture Technology Secure Use Agreement* by **December 15, 2025**.

As indicated throughout this form:

- Document the summary of impact
- Submit data from the evaluation(s)
- Submit writing or keyboarding samples (include the time it took the student to complete the sample)
- Submit additional documentation indicating neurological or orthopedic impact

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

**See Unique Accommodation Guidance Document for additional support.**



Student Name: \_\_\_\_\_

Student SASID: \_\_\_\_\_

## Criterion 2: The student has a documented orthopedic or neurological impairment that significantly limits or prevents access to independent written expression.

The student has a(n):

Orthopedic Impairment – does not have to be listed as a primary disability on the student’s IEP.

**OR**

Neurological Impairment – other documented disability impacting the motoric process of writing – does not have to be listed as a primary disability on the student’s IEP.

**No. STOP HERE.**

**Yes.** The student is identified as having an orthopedic or neurological impairment; however, it does not impact the student’s motoric process in a way that significantly limits the student’s ability to write or type independently.  
**STOP HERE.**

**Yes.** The student is identified as having an orthopedic or neurological impairment that impacts the student’s motoric process in a way that significantly limits or prevents the student’s ability to write or type independently. **COMPLETE THE SUPPORTING DATA AND CONTINUE TO CRITERION #3.**

Summary of the impact of orthopedic or neurological impairment on the student’s ability to access writing:



Student Name: \_\_\_\_\_

Student SASID: \_\_\_\_\_

### Criterion 3: The student’s level of fine motor writing skills is documented by an evaluation on at least one recent, locally administered diagnostic assessment

A fine motor or neurological assessment has been administered within one academic year.

If a fine motor evaluation is not available due to a student’s ongoing orthopedic impairment, include the date of the last evaluation and a summary of results.

**No. STOP HERE.**

**Yes.** The evaluation indicates the student is below grade level in writing; however, the inability to express through writing is not due to an orthopedic or neurological impairment impacting the motoric process of writing.  
**STOP HERE.**

**Yes.** The evaluation indicates the student is below grade level in writing; however, the evaluation indicates the student’s inability to express through writing is due to poor handwriting, behavioral impact, or lack of instruction.  
**STOP HERE.**

**Yes.** The evaluation supports that the student displays a neurological or continued orthopedic impairment impacting the motoric process of writing.  
**COMPLETE THE SUPPORTING DATA AND CONTINUE TO CRITERION #4.**

Most recent date of fine motor evaluation or diagnostic assessment:

Summary of fine motor evaluation results:



Student Name: \_\_\_\_\_

Student SASID: \_\_\_\_\_

### Criterion 4: The student uses the Spoken Response accommodation during regular instruction and during classroom and benchmark assessments.

The student has been instructed on the use of one or more Spoken Response accommodation device(s), software, or scribe during regular classroom instruction and during both classroom and benchmark assessments.

If the student uses speech-to-text to access the Spoken Response accommodation, the student regularly accesses the accommodation independently during classroom instruction and during both classroom and benchmark assessments.

- No. STOP HERE.**
- Yes.** The student has tried the spoken response accommodation through one or more types of technology to access writing, but only uses them with an interventionist. **STOP HERE.**
- Yes.** The student uses the spoken response accommodation through one or more types of technology to access writing, but cannot access it independently. **STOP HERE.**
- Yes.** The student has tried the spoken response accommodation by working with a scribe, but only intermittently and/or only with an interventionist (less than 55% of the time). **STOP HERE.**
- Yes.** The student regularly uses spoken response accommodation for writing independently (greater than 55% of the time). **COMPLETE THE SUPPORTING DATA AND SUBMIT THE UAR.**
- Yes.** The student regularly uses spoken response technology for writing but is still struggling with using the device or software independently. The student is heavily dependent on using a human-supported scribe (greater than 55% of the time). **COMPLETE THE SUPPORTING DATA AND SUBMIT THE UAR.**
- Yes.** The student does not use spoken response technology due to ongoing additional complications. The student only uses a scribe for writing (greater than 55% of the time). **COMPLETE SUPPORTING DATA AND SUBMIT THE UAR.**

Most recent date of fine motor evaluation or SWAAAC consultation:

Date: \_\_\_\_\_

How often does the student engage with STT technology or scribe?

Technology: \_\_\_\_\_

Scribe: \_\_\_\_\_

Identify the primary method of written expression or communication used most often by the student in the classroom:

**Attach the student's writing or keyboarding samples without the accommodation use or support (the sample must match the testing mode; include the time the student took to complete the sample). If unable to provide the sample, submit an explanation of the student's inability to provide the sample.**



Student Name: \_\_\_\_\_

Student SASID: \_\_\_\_\_

## Unique Accommodation Request:

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

- The school team met and considered all allowable 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 proficient in using the proposed accommodation.
- The DAC reviewed the UAR form and accompanying data, and the DAC believes the student meets all the preceding criteria for the Spoken Response accommodation.
- The student has been added to the district spreadsheet for batch submission to CDE.
- The UAR form and accompanying data were submitted to CDE on or before **December 1, 2025**.

DAC Signature: \_\_\_\_\_

Date: \_\_\_\_\_