



**District-Approved Unique Accommodation Request**  
**Math Charts and Counters**  
**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:**

District-Approved Unique Accommodation Request: Math Charts and Counters on the Non-Calculator Sections  
 Math Tools on the non-calculator section (Select all that apply):

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

**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 3<sup>rd</sup> through 8<sup>th</sup> 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 5<sup>th</sup> through 8<sup>th</sup> 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 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 the 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 District Unique Accommodation Guidance Document.**



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

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

**Criterion 4: The student receives regular math interventions and uses math tools 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 math tools the majority of the time during instruction.

**No. STOP HERE.**

**Yes.** The student has access to math tools *upon request*.

**STOP HERE.**

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

**STOP HERE.**

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

**STOP HERE.**

**Yes.** The student uses math tools 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 math tools 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 math tools during math instruction and math intervention:

\_\_\_\_\_  
Math Tools:

**Note:** Number lines are **not** allowed on the mathematics assessment.



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

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

**Unique Accommodation Request:**

In signing this form to CDE for consideration for approval, the principal/designee 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 principal/designee and believes the student meets all the preceding criteria for the math charts and counters accommodation.
- Parents have been notified of this accommodation

School Signature: \_\_\_\_\_

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