



Text-to-Speech for Passages and Graphics Application

All checklists for the district must be submitted by the district test coordinator in **one** pdf to ttspassages@ksde.gov by January 31.

10-digit SSID/KIDS ID: _____ Grade: _____ Current IEP/504 date: _____

District name: _____ USD Number: _____

CHECKLIST

1. The student qualifies for an IEP or 504 plan and utilizes text to speech or a screen reader as the primary means for accessing grade level text.

☐ Yes ☐ No

2. Does the IEP/504 plan indicate the student requires Accessible Educational Material (AEM) or a screen reader in the form of Text to Speech to access grade level text?

☐ Yes ☐ No

3. Does the student's IEP or 504 plan specifically document severe deficits in decoding that limits or prevents the student from decoding at any level of difficulty even after receiving evidence-based instruction in reading for multiple years?

☐ Yes ☐ No

4. Please **mark all that apply** to the reading accommodations listed on the student's IEP/504 plan.

What?

- ☐ Text-to-Speech/screen reader
☐ Human reader

When?

- ☐ State assessments
☐ Classroom assessments
☐ Classroom assignments

5. What is the student's Lexile level (use the tool the district is using for benchmark testing) without Text-to-Speech (TTS) or audio accommodations?

Lexile level (must be under 500): _____

Tool used: _____

Date administered: _____

6. What are the student's results from the [Protocol for Accommodations in Reading](https://ksdetasn.org/resources/3928) (https://ksdetasn.org/resources/3928) (PAR or uPAR)?

Start at the student's grade level and administer the Text Reader with the PAR passage. Record the percentage the student received on the comprehension questions after listening to the PAR text with a text reader. The student must score at 75% at grade level or within two grade levels below.

GRADE LEVEL	TEXT READER ACCURACY PERCENTAGE
10	0.00%
9	0.00%
8	0.00%
7	0.00%
6	0.00%
5	0.00%
4	0.00%
3	0.00%
2	0.00%
1	0.00%

7. Is this student blind or visually impaired?

☐ Yes ☐ No

TEST COORDINATOR OR BUILDING ADMINISTRATOR

- ☐ I have reviewed and verified this student's checklist including the IEP/504 plan indicating the student is receiving TTS or audio supports on a regular basis for instruction and assessment.

Name: _____

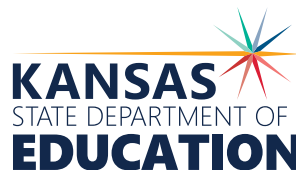
Position: _____

Date: _____

Kansas leads the world in the success of each student.

For more information, contact:

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