



# Application Text-to-Speech Checklist (Nonvisual)

FOR KSDE USE ONLY.

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

District name: \_\_\_\_\_ District number: \_\_\_\_\_

- 1. The student is:
  - Blind
  - Visually impaired
  - A nonreader (Lexile under 500)
  - Other

- 2. The student has a current:
  - IEP
  - 504 plan

- 3. Is Text-to-Speech or a screen reader the student's primary mode of accessing text in **ALL** subjects (textbooks, books, assignments, tests)?
  - Yes
  - No

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

**What?**

- Text-to-Speech
- Human reader

**When?**

- State assessments
- Classroom assessments
- Classroom assignments

- 5. Does the student's **IEP** or **504 plan** document **severe deficits in decoding skills** and provide **services or supports to address the reading deficits**?
  - Yes
  - No

- 6. 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: \_\_\_\_\_

Tool used: \_\_\_\_\_

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

- 7. What are the student's results from the **Protocol for Accommodations in Reading<sup>1</sup>** (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. If the student's score was below 50%, move down grade levels until the student is able to perform at 50% or above. We have to be able to see that the student is benefiting from the accommodation when comparing to the Lexile level.

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

Students who are blind or have a significant visual impairment can stop here.

<sup>1</sup> <https://www.ksdetasn.org/resources/3158>

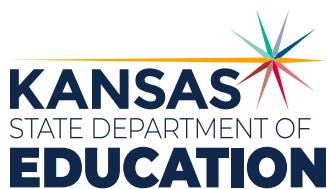
**Test Coordinator or building administrator**

- 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: \_\_\_\_\_

All checklists for the district must be submitted by the district test coordinator in **ONE** pdf to [TTSnonvisual@ksde.org](mailto:TTSnonvisual@ksde.org) by January 31.



For more information, contact:

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