ACCOMMODATION ACCESS CARD

OFFICIAL ACCOMMODATION NOTICE

This student has documented accommodations under a legally recognized disability support plan (IEP/504).
These accommodations are medically and educationally necessary for equal access to learning.
Please allow immediate access to approved supports including:

☐ sensory breaks
☐ noise reduction devices / earplugs / headphones
☐ AAC device or communication support
☐ phone-based AAC access
☐ movement break
☐ alternate workspace
☐ hydration/snack access
☐ emotional regulation support
☐ flexible communication methods
☐ other: _____

Refusal or restriction of documented accommodations may violate federal disability protections, including Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).
Thank you for supporting equitable learning access.

Student Name: _____
Plan Type: ☐ IEP ☐ 504
Approved By: _____
Role/Title: _____
School: _____
Signature: _____
Date: _____
Emergency Contact/Office Extension: _____

BREAK ACCESS CARD

REGULATION BREAK IN PROGRESS

This student is using a pre-approved accommodation break for disability-related regulation, sensory recovery, emotional stabilization, or executive functioning support.

The student has permission to:

- step into a designated area
- use calming tools
- regulate sensory overload
- return when regulated

This break is preventative support, not avoidance or misconduct.

Punishment, public confrontation, or removal of accommodations may escalate distress and interfere with educational access.

Expected Break Length:

☐ 5 minutes

☐ 10 minutes

☐ 15 minutes

☐ Flexible per student need

Approved Regulation Locations:

Authorized By: _____

Signature: _____

AAC / COMMUNICATION ACCESS CARD

FRONT

AAC / COMMUNICATION DEVICE NOTICE

This student uses assistive communication tools as part of disability accommodation access.

This may include:

- phone-based AAC
- text-to-speech
- speech support apps
- typing-based communication
- visual communication systems
- delayed verbal processing support

Removal of communication access may interfere with the student's legally protected educational participation and communication rights.

Please allow the student continued access to their approved communication method.

BACK

Approved AAC Method(s):

Case Manager / Coordinator:

Signature: _____

Date: _____

SUBSTITUTE TEACHER QUICK GUIDE

FRONT

SUBSTITUTE TEACHER NOTICE

This student has disability accommodations that must remain active during substitute coverage.
The student may:

- wear headphones or earplugs
- leave briefly for regulation
- use an AAC device or phone
- communicate differently from peers
- avoid eye contact
- require movement or sensory tools
- complete work in alternate formats

These supports are intentional accommodations, not disrespect or defiance.
Please contact administration or student support staff before removing accommodations.

BACK

Primary Contact:

Office Extension:

504/IEP Coordinator:

Signature: _____

RETALIATION / ESCALATION CARD

STUDENT ADVOCACY NOTICE

I am attempting to use accommodations that are already approved in my educational plan.
If there are concerns about implementation, please contact my case manager, counselor, administrator, or guardian rather than disciplining me for using disability supports.
I am trying to participate safely and successfully in class.

BACK

Case Manager: _____
Contact Info: _____
Administrator: _____
Signature: _____

REGULATION BREAK PASS

STUDENT ACCOMMODATION HALL PASS

This student is using a documented accommodation-related regulation break under an active IEP/504 plan.
The student has permission to temporarily leave class for:

- sensory regulation
- emotional stabilization
- overload prevention
- executive functioning support
- disability-related recovery needs

Please allow the student to travel directly to their approved support location without disciplinary action or public confrontation.

Destination: _____
Time Left Class: _____
Expected Return: _____
Staff Signature: _____
Case Manager Approval: _____

AAC / DEVICE ACCESS PASS

COMMUNICATION ACCESS NOTICE

This student is approved to use a phone, tablet, or electronic device as part of a documented communication accommodation.

The device may function as:

- an AAC tool
- speech support
- regulation support
- communication access
- executive functioning support

This use is disability-related and pre-approved.

Please do not confiscate or restrict access without contacting student support staff.

Approved Device(s):

Case Manager: _____

Signature: _____

School Year: _____

QUIET SPACE PASS

QUIET SPACE ACCESS PASS

This student has permission to access a designated quiet or low-stimulation environment as part of their accommodations.

Possible reasons include:

- sensory overload
- panic symptoms
- shutdown prevention
- migraine symptoms
- auditory overwhelm
- emotional regulation

This support allows the student to remain engaged in learning safely.

Approved Locations:

☐ Counseling Office
☐ Sensory Room
☐ Library
☐ Learning Support Room
☐ Nurse
☐ Other: _____

Staff Signature: _____

“I CANNOT EXPLAIN RIGHT NOW” PASS

This one is extremely important for shutdowns/nonverbal moments.

ACCOMMODATION COMMUNICATION CARD

I am currently overwhelmed, overloaded, nonverbal, or unable to fully explain what is happening.
I am attempting to use my accommodations appropriately.
Right now I may need:

☐ quiet
☐ reduced speaking demands
☐ a break
☐ water
☐ sensory tools
☐ time to regulate
☐ AAC access
☐ support staff

Please allow me to follow my accommodation plan and discuss concerns later once regulated.

Student Name: _____
Support Staff Contact: _____
Signature: _____

EARPLUG / HEADPHONE PASS

SENSORY ACCOMMODATION NOTICE

This student is approved to use ear protection, headphones, or noise reduction devices during class activities. These tools are medically and educationally supportive accommodations used to reduce sensory overload and improve access to learning.

This accommodation is not defiance, disengagement, or disrespect.

Approved Supports:

☐ Earplugs

☐ Noise-Reducing Headphones

☐ Music During Independent Work

☐ White Noise

☐ Other: _____

Approved By: _____

Signature: _____

MOVEMENT BREAK PASS

MOVEMENT ACCOMMODATION PASS

This student may stand, pace, stretch, walk briefly, or take short movement breaks as part of documented disability accommodations.

Movement may support:

- attention regulation
- sensory regulation
- emotional stabilization
- physical comfort
- executive functioning

Please allow the student to regulate safely and return to instruction.

Preferred Movement Option:

Staff Signature: _____

MINI CARD VERSION

(for keychains)

IEP/504 ACCOMMODATION PASS

This student has legally documented accommodations.
Approved supports may include:

- breaks
- AAC/device access
- headphones/earplugs
- movement
- alternate communication
- sensory regulation

Please contact support staff before restricting accommodations.
Coordinator Staff Signature: _____