

# Form EA: Emergency Accommodation Form for State Assessments

**Directions:** If prior to or during testing, the school principal (or principal's designee) determines that a student requires an emergency accommodation for a short-term medical condition that affects the student's physical dexterity or a special setting accommodation, this form must be completed and submitted to the District Test Coordinator (DTC) for approval. A copy of this form must be filed in the testing archives.

School District: \_\_\_\_\_ School Site: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Grade: \_\_\_\_\_ STN# \_\_\_\_\_

Name(s) and Title of Person(s) Completing this Form:

\_\_\_\_\_  
*Staff Member's Name*

\_\_\_\_\_  
*Title/Position*

\_\_\_\_\_  
*Staff Member's Name*

\_\_\_\_\_  
*Title/Position*

\_\_\_\_\_  
*Staff Member's Name*

\_\_\_\_\_  
*Title/Position*

Reason for requesting an emergency testing accommodation (*attach documentation if requested by DTC*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what the testing accommodation will be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will administer the accommodation? \_\_\_\_\_

\_\_\_\_\_  
*Staff Member's Name*

\_\_\_\_\_  
*Title/Position*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*DTC Signature*

\_\_\_\_\_  
*Date*

