

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

