

Form U-A: Unique Accommodation Request Form for ACCESS Testing

Directions: Request must be submitted to the OSDE by **December 1st** for the Spring testing window, and responses will be provided on a case-by-case basis by **March 1st**.

NOTE: This Form is to request a unique accommodation for English learners who are served on IEPs/504 plans and are taking ACCESS testing. To request a unique accommodation for a student taking OSTP, please see Form U: Unique Accommodation Request Form.

This information must be electronically submitted to the OSDE for consideration through the Nonstandard Accommodation Single Sign-on Application. A copy of this form must be filed in the student's EL and assessment record, and a copy must be retained by the DTC at the central office.

District: _____ School Site: _____

Student Name: _____ D.O.B.: _____

Grade: _____ STN: _____

IEP 504 Plan

Please select the appropriate English language proficiency assessment (ELPA):

ACCESS for ELLs 2.0 Online

ACCESS for ELLs 2.0 Paper

Kindergarten ACCESS

Alternate ACCESS for ELLs

All domains taken? Yes No

Date of Approved IEP or 504 Plan: _____

Test Administration Date(s): _____

1. Provide a brief description of the requested accommodation:

2. What objective evidence supports the need for this accommodation?

3. Is the accommodation being implemented during instruction, classroom assessments, benchmark assessments, and/or other district assessments? Yes No
If yes, please describe how it is being implemented.

4. How will this accommodation be administered on test day(s) (for example, who will administer the accommodation, in what setting, etc.)?

5. Describe the established parameters around administering this accommodation during classroom instruction and assessment?

Assurances

In submitting this form to the OSDE, the EL and IEP/504 team has agreed to the following assurances:

1. This accommodation will be documented in the student's ELAP and IEP/504 Plan.
2. The EL and IEP/504 teams have met and have considered all standard (allowable) accommodations prior to proposing this unique accommodation.
3. Parent(s)/guardian(s) were provided an opportunity to participate in the decision-making process for this accommodation.
4. The proposed accommodation will be used for routine class instruction and assessment.

Requestor:

Print Name/Title

Signature

Date

Phone Number

WIDA District Test Coordinator Acknowledgement

Print Name/Title

Signature

Date

Phone Number