



Emergency Standard Accommodations Request for Students with an Injury

To be submitted by the LEA Assessment Coordinator only

This form should be used only to request testing accommodations for students with temporary impairments (caused by injury, accident, etc.), that would make it difficult to participate in state assessments. Accommodations must be documented for all students. A medical release form documenting the injury must accompany this form.

Due Date: April 11, 2014

Date of Request (MM/DD/YY): ____/____/____

LEA Name: _____

LEA Assessment Coordinator: _____

Email: _____

Phone Number: _____

Student Name: Last _____ First _____ MI _____

State ID: _____

Grade: _____ School: _____

1. Emergency Standard Accommodation needed for (Check on or more content areas):

DC CAS: Reading _____ Composition _____ Mathematics _____ Science _____

2. Accommodation category/categories:

Presentation _____ Response _____ Setting _____ Time _____

List the accommodation(s) provided:

LEA Assessment Coordinator Signature: _____ Date _____

Special Education Coordinator Signature: _____ Date _____