# 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*

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OKLAHOMA Education