Form U: Unique Accommodation Request Form

Directions: Request must be submitted to the OSDE by **February 1st** for the Spring testing window, and responses will be provided on a case-by-case basis by **March 15th**.

NOTE: This Form will not be considered for ELA Test Read-Aloud Requests, please see OSTP ELA Test Read-Aloud Protocol

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 IEP/504 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 content area(s):

☐ **English Language Arts/Reading/Writing**
☐ **Mathematics**
☐ **Science**
☐ **Social Studies**

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 or ❑ No; If yes, please describe how it is being implemented.

4. How will this accommodation be administered on test day (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 IEP/504 team has agreed to the following assurances:

1. This accommodation is documented in the student's IEP/504 Plan.
2. The IEP/504 team has met and has 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 is used for routine class instruction and assessment.

Requestor:

Print Name/Title | *Signature*

Date | *Phone Number*

Local Director of Special Education/504 Coordinator Approval

Print Name/Title | *Signature*

Date | *Phone Number*

District Test Coordinator Acknowledgement

Print Name/Title | *Signature*

Date | *Phone Number*