Appendix A-3: Unique Accommodations/Supports Request Form

The School Test Coordinator must complete **all sections** of this worksheet and submit to the District Test Coordinator to submit to the DOE Help Desk. **This form is for DeSSA and DeSSA-Alt Assessments. For ACCESS assessments, use Appendix C-4 (WIDA).** Do NOT mail or FAX this form to DOE.

Completion Date:	
Student Name:	
Date of Birth:	
Student ID:	
District:	
School	
Grade	
Administration Year:	Spring 2021
Select:	☐ 504 Plan ☐ SWD ☐ SWD/EL ☐ EL ☐ Gen Ed w/Supports ☐ Gen Ed
DeSSA Assessment	☐ All ☐ ELA ☐ Math ☐ Science ☐ Biology ☐ Social Studies ☐ Alt - All ☐ Alt-ELA ☐ Alt-Math ☐ Alt-Science

Unique Accommodation/ Support Requested	Reason for Accommodation/Support
☐ Blind/Visually Impaired	☐ Bilingual Picture Dictionary
☐ Deaf/Hearing Impaired	☐ Cell Phone
☐ Injury: Scribe Needed	☐ Heart Monitor
☐ Math Manipulatives **(specify/see Guidance document)**	☐ Human Narrator for Hearing Impaired
☐ Medical Supports	☐ Large Print test booklet
☐ Large Print	☐ Medical Device
☐ Print on Request Exception	☐ Other
☐ Specialized Electronic Equipment	
☐ Other	

Both boxes must be checked for Large Print; Specialized Electronic Equipment	☐ Mandated by IEP/504 Plan IEP/504 Plan Date: _____ ☐ Used all year in Classroom Instruction

* Provide a Detailed Description of Unique Accommodation/ Support**:**

_____ _____ _____

Signature Title Date

Note: This documentation is to be kept in the student's file. **Students may not be administered this Unique Accommodation without written approval from DOE. Upon approval, DOE will update the accommodation in TIDE or PAN.**