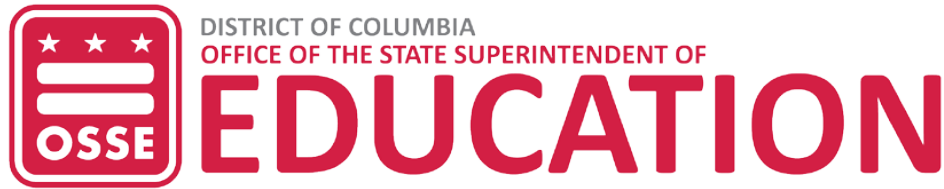


Appendix G: Use of an Emergency Accommodation on an Assessment



DC Statewide Assessments Emergency Accommodations Request Form

Directions: This form is appropriate in cases where a student needs a new accommodation immediately prior to the assessment due to unforeseen circumstances. Cases could include students who have a recently-fractured limb (e.g., fingers, hand, arm, wrist, or shoulder); whose only pair of eyeglasses has broken; or a student returning from a serious or prolonged illness or injury. If the principal (or designee) determines that a student requires an emergency accommodation on the day of the statewide test, this form must be completed and maintained in the student’s assessment file. **The parent must be notified that an emergency accommodation was provided.**

To request approval for an emergency accommodation, this form must be completed and submitted to the OSSE Assessment Team for rapid approval as soon as the need arises. A copy of this form must be kept in the student’s file and, if appropriate, retained at the LEA office. Forms must be submitted via the [OSSE Support Tool](#) to ensure the secure transfer of sensitive student data.

Student Information	
Name:	State ID (USI) # :
Grade:	DOB:
Indicate Type of plan: <input type="checkbox"/> IEP <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> EL Plan <input type="checkbox"/> No plan	
School Information	
School Name:	Tel. Number:
District/LEA Name:	Fax Number:
Name of Principal or Assessment Coordinator:	Signature:
Email:	Date:
Test Administration	
DC Statewide assessment(s) for which you are seeking approval to use an emergency accommodation(s):	
<input type="checkbox"/> PARCC ELA/Literacy <input type="checkbox"/> MSAA ELA <input type="checkbox"/> DC Science <input type="checkbox"/> PARCC Mathematics <input type="checkbox"/> MSAA Mathematics <input type="checkbox"/> Dynamic Learning Maps (DLM) Science <input type="checkbox"/> ACCESS for ELLs <input type="checkbox"/> Alternate ACCESS	
Provide a brief description of the accommodation for which you are requesting approval:	

Describe the reason for needing an emergency test accommodation (attach documentation if needed):

In submitting this form to OSSE for approval, the principal or assessment coordinator assures that if approved and applicable, this accommodation will be documented in the student's IEP, Section 504 plan, or EL plan.

If approved, the accommodation must be listed in the Individualized Education Program (IEP) or 504 plan for a student with a disability or in an English Learner (EL) plan for an English learner.

For OSSE Use Only: (Approval/Denial of Request)

(This completed section will be returned to your school prior to testing.)

☐ **This request has been approved.**

☐ **This request has been denied.**

OSSE Staff Name and Position:

Signature:

Date:

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