



PETITION FOR APPROVAL OF SPECIAL DOCUMENTED ACCOMMODATIONS
For Smarter Balanced Field Test
2013-2014

Student Name _____ Date of Birth _____ Grade _____
(Last, First)

School _____ District _____ Date: _____

RESC/Approved Private Spec. Ed. Facility (if applicable) _____

Student has an: IEP Section 504 Plan (If neither, stop here, student does not qualify)

Answer the following questions to determine if a student qualifies for special documented accommodations.

1. Does the student's disability require that the test be given on paper. (*Print on Demand Accommodation*) Yes No
2. Does the student have a documented print disability that requires ELA passages read to them?
(*Read Aloud Accommodation*) Yes No
3. Is this a blind student in grades 3-5 without adequate braille skills? Yes No
4. Does the student's disability prevent him/her from answering questions on a computer? (*Scribe Accommodation*)
Yes No
5. Does the student have a documented need to use specific software/hardware in order to participate on the Smarter Balanced Field Test that does not function on the Smarter Balanced online platform? Yes No

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1. Explain, the accommodation being proposed for this student. Also identify the subtests for which this accommodation would be utilized. (Attach additional pages if necessary)
 2. If applicable, enclose a copy of the student's most recent psycho-educational, evaluation and physical therapy, speech/language, etc., evaluations that document the conditions/characteristics described in item 1, above. List the document(s) that are enclosed.
 3. Enclose copies of the student's Individualized Education Program (IEP) or 504 plan documents for the last year to document the use of the proposed accommodation in the student's current instructional setting.

Certification: We believe that the proposed documented accommodations are necessary in order for this student to participate in Smarter Balanced Field Test

Teacher Name _____
(Print) Telephone Number _____

Teacher Signature _____

Special Education Director Name _____
(Print) Telephone Number _____

Special Education Director Signature _____

District Test Coordinator Name _____
(Print) Telephone Number _____

District Test Coordinator Signature _____