**SPECIAL TESTING ACCOMMODATION REQUESTS**

**2019-2020 ELA Summative Assessment ONLY**

**The accommodations requested on this form will be evaluated by a committee of qualified reviewers. The following protocol is required:**

1. The requested accommodation(s) must be consistent with the eligibility described in the student’s IEP or Section 504 Plan.
2. Enter **(TYPE)** all applicable information in the table provided.
3. Submit a copy of the full IEP or 504 Plan, the student’s Testing Accommodations form, and this completed, **typed** form to the District Test Director. **District Test Directors must submit all documents to the NEVADA DEPARTMENT OF EDUCATION (NDE) by NO LATER THAN January 17, 2020.** Late or hand-written submissions will not be accepted.

| **District** | |  | | **School** |  | | **Grade** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** | | |  | | | **State Student ID #** |  | |
| **Anticipated ELA testing month** | | | |  | | | | |
| **Type “X” in the corresponding box/boxes below for the requested accommodation(s).** | | | | | | | | |
|  | **Read Aloud (human reader) for grades 3 – 5 ELA Reading Passages**  **This accommodation is for students physically unable to access the test, approximately 1 to 2% of students with disabilities participating in a general assessment.** | | | | | | | |
|  | **Scribe for the ELA Full Write (ELA Performance Task Part 2)**  **This accommodation is for students who have documented significant motor or processing difficulties, or who have had a recent injury (such as a broken arm or hand).** | | | | | | | |
| **Provide a detailed description of the student’s specific disability and the reason the student requires the accommodation.** | | | |  | | | | |
| **Name and Title of Individual Submitting Request** | | | |  | | | | |

**THIS SECTION TO BE COMPLETED BY THE NDE**

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| **Reviewer’s Comments/Initials:** |
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