

SPECIAL REQUEST FORM Requiring ALSDE Approval

This form is to be used for those unique requests, accessibility supports, or accommodations not listed on the *ACAP Testing Supports Form*. **NOTE: Any special requests for students participating on any of the ACT assessments must be directed to ACT.**

Student Information: (Please print clearly)

Student Name: _____

Date of Birth: _____

State Student Identification Number: _____

Grade: _____

School: _____

School District: _____

STATE ASSESSMENT NAME:

Check all that apply:

Individualized Education Program (IEP) 504 Plan Individual English Language Plan (I-ELP)

Reason for Request: _____

Support Requested: _____

Length of Prior Practice in Instructional Program and on Classroom Tests: _____

IEP Team/504 Committee/EL Committee Representative: _____ Date: _____

System Special Education/504/EL Coordinator: _____ Date: _____

System Test Coordinator: _____ Date: _____

DETERMINATION POLICY: The requested support must:

- Not supplant the skill the test is designed to measure
- Not violate the construct of the assessment
- Be necessary in order for the student to meaningfully access the test
- Be documented in the student's plan and provided routinely on classroom assignments and tests
- Proven to be successful on classroom assignments and tests

The Office of Assessment will review each IEP, Section 504 Plan, or I-ELP to verify use of the support on classroom assignments and tests. If additional information is needed, the System Test Coordinator will be contacted.

ALSDE USE ONLY:

Approved: YES NO ALSDE SIGNATURE: _____ DATE: _____

Additional Information
Requested: _____
