

# USBE Exceptional Accommodation Request Form for Summative Assessment 2020–2021

## Instructions

If a student with a disability requires an exceptional or non-typical accommodation for participation in the statewide summative assessment as outlined in the student’s educational plan for assessment (i.e., IEP, 504 Plan, Plan for Student Learning English), this request form must be filled out emailed to [Tracy Gooley](mailto:tracy.gooley@schools.utah.gov) (tracy.gooley@schools.utah.gov) at the Utah State Board of Education (USBE). Please send the form at least 3–4 weeks prior to testing to ensure a timely response. Keep a copy of this form in the student’s file (i.e., IEP, school).

District/Charter Name	<input type="text"/>	Request Date	<input type="text"/>
School Name	<input type="text"/>	Student State ID (SSID)	<input type="text"/>
School Telephone	<input type="text"/>	Student’s Grade	<input type="text"/>

## Type of Accommodation Being Requested

**Give a detailed description about why and how the accommodation has been used for classroom instruction.**

## Indicate Type of Plan

IEP    504 Plan    Accommodation for Student Learning English

## Subject(s) Requiring an Accommodation be Enabled (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> RISE ELA                    | <input type="checkbox"/> Utah Aspire Plus English     |
| <input type="checkbox"/> RISE Mathematics            | <input type="checkbox"/> Utah Aspire Plus Mathematics |
| <input type="checkbox"/> RISE Science                | <input type="checkbox"/> Utah Aspire Plus Science     |
| <input type="checkbox"/> RISE Writing (grades 5 & 8) | <input type="checkbox"/> Utah Aspire Plus Reading     |

By signing and submitting this form to USBE for consideration for approval, the principal/designee and LEA assure that:

- This accommodation is documented on the student’s educational plan.
- This accommodation is used regularly and with fidelity for routine class instruction and assessment.

Principal/Designee Signature

**For USBE Use Only**

**(This completed section will be returned to your LEA/Principal prior to testing)**

LEA/School/SSID

- This exceptional request has been approved
- This exceptional request has been denied for the following reason(s)

USBE Staff Name and Position

Signature

Date