

### Appendix A-3: Unique Accommodations/Supports Request Form

The School Test Coordinator must complete **all sections** of this worksheet and submit to the District Test Coordinator to submit to the DOE Help Desk. **This form is for DeSSA and DeSSA-Alt Assessments. For ACCESS assessments, use Appendix C-3 (WIDA).** Do NOT mail or FAX this form to DOE.

Completion Date:		
Student Name:		
Date of Birth:		
Student ID:		
District:		
School		
Grade		
Administration Year:	Spring 2021	
Select:	<input type="checkbox"/> 504 Plan <input type="checkbox"/> SWD <input type="checkbox"/> SWD/EL <input type="checkbox"/> EL <input type="checkbox"/> Gen Ed w/Supports <input type="checkbox"/> Gen Ed	
DeSSA Assessment	<input type="checkbox"/> All <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Biology <input type="checkbox"/> Social Studies <input type="checkbox"/> Alt - All <input type="checkbox"/> Alt-ELA <input type="checkbox"/> Alt-Math <input type="checkbox"/> Alt-Science	
<b>Unique Accommodation/ Support Requested</b>		
<input type="checkbox"/> Braille <input type="checkbox"/> <b>Injury:</b> Scribe Needed <input type="checkbox"/> Large Print	<input type="checkbox"/> Medical Supports <input type="checkbox"/> Print on Request Exception (for Level 2 students)	<input type="checkbox"/> Speech-to-Text (Dictation - Embedded only) <input type="checkbox"/> Specialized <u>Electronic</u> Equipment <input type="checkbox"/> Other
<input type="checkbox"/> Human Narrator for ELA Listening Comprehension This support allows our deaf/hard-of-hearing students to have ONLY the Listening Comprehension section of the ELA Passages assessment read or signed to them. For Human Reader, complete Part B. For ASL complete Part C.		
<input type="checkbox"/> Math Manipulatives (select 2-3) <input type="checkbox"/> Base Ten Area Pieces <input type="checkbox"/> Bean Counters <input type="checkbox"/> Colored Tiles	<input type="checkbox"/> Geoblocks <input type="checkbox"/> Geoboards & Geobands <input type="checkbox"/> Omnifix cubes <input type="checkbox"/> Number Rack	<input type="checkbox"/> Pattern Blocks <input type="checkbox"/> Plastic 1-Gram Cubes <input type="checkbox"/> Tangrams <input type="checkbox"/> Other (provide a visual)
<b>Both boxes below must be checked for approval to be granted.</b>		
<input type="checkbox"/> Mandated by IEP IEP/504 Plan Date: _____	<input type="checkbox"/> Used all year in instruction	
* Provide a Detailed Description of Unique Accommodation/ Support:		

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Title

 \_\_\_\_\_  
 Date

Note: This documentation is to be kept in the student's file. **Students may not be administered this Unique Accommodation without written approval from DOE. Upon approval, DOE will update the accommodation in TIDE or PAN.**