



# RHODE ISLAND NECAP STATE ASSESSMENTS

## Request for Use of O1 "Other" Accommodation(s) \*\*\*

(When  occurs, double click to check (or uncheck) this box. Otherwise, just type in text)

<b>STUDENT</b>	<b>Student Name:</b>	<b>Today's Date:</b>
	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Student Date of Birth</b> (mm/dd/yyyy) : __/__/____
	<b>Current Grade:</b> <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 11	
	<b>Student SASID</b> (10 digit State-Assigned Student ID code beginning with 100): 1 0 0 _ _ _ _ _ _ _ _	

<b>SCHOOL</b>	<b>School Contact Person:</b>	<b>Position/Title:</b>
	<b>Phone:</b>	<b>Email:</b>
	<b>Name of Responsible/Liable District:</b>	
	<b>Name of School of Enrollment:</b>	
	<b>School Code:</b>	

**1. Request to use O-Other accommodation(s) during the following test(s):** [Please indicate content area(s) and session(s)]

- Reading Session(s): 1  2  3
- Writing Session(s): 1  2
- Math Session(s): 1  2  3
- Science Sessions(s): 1  2  3

**2. Fully describe each requested O1 "Other" accommodation** (e.g., What assistance will the student receive? What will the student do independently?). **You may attach an additional page(s) if necessary. If you have questions, please call Dr. Kevon Tucker-Seeley at 401-222-8494.**

**3. Assurances:** (Please check below to confirm ALL of these steps have been taken)

- The school team considered all standard approved accommodations prior to proposing this/these accommodation(s).
- Parent(s)/guardian(s) were provided an opportunity to participate in the decision-making process.
- The proposed accommodation(s) is/are consistent with supports provided during routine class instruction and/or test-taking.

***I certify that the information contained within this form is complete and accurate.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Principal's Full Name** (please print)                      **Principal's Signature**                      **Date**

**\*\*\* AFTER SIGNING, PLEASE FAX A COPY TO RIDE AT 401-222-3605**  
 (Address the fax to Dr. Kevon Tucker-Seeley)

Upon receipt of this information, RIDE will notify the contacting school official of whether the O1 "Other" accommodation(s) was/were approved. For additional information on the use of accommodations during assessment, see "*NECAP Accommodation Guide*" (available online at: [http://www.ride.ri.gov/assessment/DOCS/NECAP/Test\\_Admin/2010\\_TestAdminManuals/2010\\_NECAP\\_Accommodations\\_Guide.pdf](http://www.ride.ri.gov/assessment/DOCS/NECAP/Test_Admin/2010_TestAdminManuals/2010_NECAP_Accommodations_Guide.pdf)). **NOTE: This form is NOT needed for O2 (use of a scribe on the NECAP Writing test) accommodation requests.** For approval to use the O2 accommodation, please contact Dr. Tucker-Seeley via phone at 401-222-8494 or email at [Kevon.Tucker-Seeley@ride.ri.gov](mailto:Kevon.Tucker-Seeley@ride.ri.gov)