

APPENDIX E: Emergency Accommodation Form

Use this form in cases where a student needs a new accommodation immediately prior to the assessment due to unforeseen circumstances. This may include a student who has recently fractured a limb (e.g., fingers, hand, arm, wrist, or shoulder); whose only pair of eyeglasses broke; or they are returning from a serious or prolonged illness or injury.

Directions: If the principal (or designee) determines the student requires an emergency accommodation, complete this form and submit to the district testing director so it can be retained in the student's file. Notify the parent that an emergency accommodation will be used during testing. Do not submit this form to RIDE.

District/LEA Name:	Date:
School Name:	Telephone Number:
Student Name:	Grade:
SASID:	DOB:
Test (ACCESS, DLM, RICAS, NGSA)*:	Content Area:

Which accommodation(s) will be used? _____

Reason for needing an emergency test accommodation: _____

Who will administer the accommodation? _____

Staff Member's Name (please print)

Title/Position

Principal's Signature

Date

* Submit emergency accommodations requests for PSAT 10 and SAT through SSD Online.