

SPECIAL TESTING ACCOMMODATION REQUEST
Cover Sheet

State and District Testing Programs

Student Name	
Student ID Number	
Grade Level	
School Name	
Test Date (or Testing Window)	
Test Name/Test Subject	
Current Testing Accommodations, subject specific (attach additional documentation as needed)	
Current Instructional Accommodations, subject specific, (attach additional documentation as needed)	
Description of accommodation being requested; detailed narrative of the student's specific circumstance (describe the accommodation being requested and explain the reason the student requires the accommodation)	
Site Administrator Submitting Request	
Date Submitted	

Include a copy of the full IEP or 504 Plan with this form and submit it to the District Testing Director. Ensure all pages are legible.