

## Use of an Emergency Accommodation on a MCAP Assessment

**Directions:** This form is appropriate in cases where a student needs a new accommodation immediately prior to the assessment due to unforeseen circumstances. Cases could include students who have a recently-fractured limb (e.g., fingers, hand, arm, wrist, or shoulder); whose only pair of eyeglasses has broken; or a student returning from a serious or prolonged illness or injury. If the principal (or designee) determines that a student requires an emergency accommodation on the day of the MCAP assessment, this form must be completed and maintained in the student's assessment file. **The parent must be notified that an emergency accommodation was provided.** Refer to the *Test Coordinator Manual* for state-specific requirements for approving emergency accommodations. **Consult with your local district office for approval if required by your state.** If appropriate, this form may also be submitted to the district assessment coordinator to be retained in the student's central office file.

LSS Name:	Date:
School Name:	Telephone Number:
Student Name:	Grade:
Student ID #:	DOB:

Name and Title of Person Completing this Form:

\_\_\_\_\_  
*Staff Member's Name*

\_\_\_\_\_  
*Title/Position*

Reason for needing an emergency test accommodation (attach documentation if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what the testing accommodation will be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will administer the accommodation? \_\_\_\_\_

\_\_\_\_\_  
*Staff Member's Name*

\_\_\_\_\_  
*Title/Position*

\_\_\_\_\_  
*Principal Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Local Accountability Coordinator Signature*  
*(if appropriate or required)*

\_\_\_\_\_  
*Date*

Reason for needing an emergency test accommodation (continued):

Describe what the testing accommodation will be (continued):