

## Unique Accommodation Request Form

**Directions:** If a student with a disability or an EL requires an accommodation (i.e., a “unique accommodation”) that is not listed in the *Maryland Assessment, Accessibility Features, and Accommodations Policy Manual*, and does not change the construct being measured by the test, the school may request the use of an accommodation not currently listed in this manual by using this form. If approved, the accommodation must be listed in the Individualized Education Program (IEP) or 504 plan for a student with a disability; and if required by your state, an EL plan, for an EL.

To request approval for a unique accommodation, both pages of this form must be submitted to your state by the principal or designee or District Assessment Coordinator, as required by your state, at least six weeks prior to testing to ensure a timely state response is received. A copy of this form must be kept in the student’s file and, if appropriate, retained at the district office.

|                                                                                                                                                                        |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>Contact Information</b>                                                                                                                                             |                   |
| Name of Principal/Designee or District/LSS District Assessment Coordinator:                                                                                            | Date:             |
| School Name:                                                                                                                                                           | Telephone Number: |
| District/LEA Name:                                                                                                                                                     | Fax Number:       |
| Signature:                                                                                                                                                             | Email:            |
| <b>Student Information</b>                                                                                                                                             |                   |
| Name:                                                                                                                                                                  | Student ID #:     |
| Grade:                                                                                                                                                                 | DOB:              |
| Indicate type of plan: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> EL Plan <input type="checkbox"/> EL, without an EL Plan |                   |
| <b>Test Administration</b>                                                                                                                                             |                   |
| For which MCAP assessment are you seeking approval to use the unique accommodation:                                                                                    |                   |
| Provide a brief description of the accommodation for which you are requesting approval:                                                                                |                   |
| Describe the evidence that supports the need for this accommodation, including how it is used by the student in the classroom or on other assessments:                 |                   |
| Describe the planning needed for this accommodation on the MCAP Assessment (e.g., school staff, space, specialized tools or equipment needed):                         |                   |

In submitting this form for approval, the principal/designee or assessment coordinator assures that:

- This accommodation will be documented in the student's IEP, 504 plan, and if required by your state, an EL plan. In the case of an IEP, the parent/guardian of the student must sign the amended IEP prior to testing.
- The school team has met and considered all listed accommodations before proposing this unique accommodation.
- The proposed accommodation is used, as appropriate, for routine class instruction and assessment.

For State (SEA) Use Only: Approval/Denial of Request

(This completed section will be returned to your school prior to testing.)

☐ This request has been approved.

☐ This request has been denied.

State Staff Name and Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_