Appendix D: Non-Standard Accommodation or Designated Support Request

Addressing the Unique Access Needs of Students

OSPI may issue temporary approvals (e.g., one assessment administration), on an individual basis, for unique student accessibility need. OSPI will evaluate formal requests for accessibility need and determine whether or not the request conflicts with the measurement construct.

District Test Coordinators (DCs) must submit requests through the Non-Standard Accommodation or Designated Support Request Form. Requests are to be submitted on the following schedule:

- Spring Administration: January 15 of a given year (or the following Monday should the 15th fall on a weekend).

An exception to the schedule above is in situations of newly enrolled students, when requests should be submitted at the earliest date feasible, prior to testing.

The Guidelines on Tools, Supports, and Accommodations provides information on the allowable designated supports and accommodations for state assessments. These are intended to provide maximum access to the assessments, giving students eligible to receive special education or 504 services the opportunity to demonstrate their knowledge and skills on Smarter Balanced, ELPA21, and WCAS assessment. Washington recognizes that there are unique circumstances in which a student with a documented disability may require an accommodation or support that is not detailed in these Guidelines, in order to access the assessment. If a student’s IEP or 504 plan documents the need for an accommodation or designated support that is not addressed within these Guidelines, the student’s IEP team or educator may request that the DC submit this form to the state. When applying for more than one assessment, address each assessment separately.

Non-standard accommodations and designated supports are subject to approval by the Office of Superintendent of Public Instruction (OSPI). The approval is only for the current test administration (2019-20 school year).

Student Name__________________________________________ SSID____________________

Date of Birth____________________ Grade_______ Date____________________

District________________________________________________ School____________________

Student has an: □ IEP □ Section 504 plan □ EL Accommodation (If none, stop here student does not qualify)

Summative Assessment: □ Smarter Balanced □ WCAS □ Off-Grade Level [Grade____] □ ELPA21 □ WIDA Alternate ACCESS

Subject Area (select all that apply): □ ELA □ Math □ Science □ Screener □ Speaking □ Reading □ Writing □ Listening

Answer each of the following questions in section I and section II and submit to OSPI.

Section I: Classroom and/or Instructional Use

1. What accommodation or designated support is being requested?
2. Explain how the requested accommodation or designated support is currently being used and implemented for the student during classroom instruction.

3. Explain why this accommodation or designated support is necessary for the student to access classroom instruction.

Non-Standard Accommodation or Designated Support Request

Student Name____________________________ Date of Birth_______

Grade ________________________________

Section II: Use on Assessments

1. Based upon responses in Section I explain how this accommodation will be used and monitored during testing.

2. Explain why this accommodation or designated support is needed for the student to access the assessment.

Certification: We believe that the proposed documented accommodation or designated support is necessary in order for this student to access some or all of the assessment that is listed above.

TEACHER INFORMATION

(Print Name: Last, First) ___________________________ (Telephone Number) ___________________________

(Signature) ___________________________ (Email) ___________________________

SPECIAL EDUCATION DIRECTOR/EL COORDINATOR

(Print Name: Last, First) ___________________________ (Telephone Number) ___________________________

(Signature) ___________________________ (Email) ___________________________

DISTRICT TEST COORDINATOR

(Print Name: Last, First) ___________________________ (Telephone Number) ___________________________

(Signature) ___________________________ (Email) ___________________________

The District Test Coordinator must sign and submit the request to OSPI via secure email at accrequest@k12.wa.us. If you do not have a secure email account please contact us at accrequest@k12.wa.us to request access to our secure email system.

This document has been adapted from Connecticut’s Petition for Approval of Special Documented Accommodations for use as Washington’s Non-Standard Accommodation/Designated Support Request form.