**State Assessment Special Accommodation Consideration Request**

If your student on an IEP or 504 plan is currently using an accommodation not listed as an allowable standard accommodation for the state assessments, you may submit a request to use that accommodation during the state assessment administration. Please fill out the following formand **submit to** [DOEAssessment@state.sd.us](mailto:DOEAssessment@state.sd.us)no later than **March 1**. The accommodation must be approved prior to start of the test window.

Remember, the student must have been using the accommodation during instruction prior to the state assessment administration and the student should be familiar with the required accommodation. If it is determined by the South Dakota Department of Education that your request for an accommodation will not invalidate the student’s score, you will be instructed to use the accommodation. You will need to ensure that Infinite Campus indicates the student is on an IEP or 504 plan. If it is determined that your request is actually for a modification that would invalidate the student’s score(s) instead of an accommodation, you should not use the accommodation/modification. All questions must be completed in order for your request to be considered. Responses will be e-mailed or faxed after receipt of the request.

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| **Accommodations** are changes made to the assessment procedures in order to provide a student with access to information and an equal opportunity to demonstrate knowledge and skills without affecting the reliability or validity of the assessment. |  | **Modifications** are changes in what a student is expected to know. Modifications alter the instruction level, content and/or performance expectations required of the student. Providing 2 answer choices when other students have 4 choices is a modification. |

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| District/School: | | |  | | |  | Student SIMS number: | | |  |
| Your Name: | |  | | | |  | Position: | |  | |
| Phone Number: | | |  | | |  | E-Mail: |  | | |
|  | | |  | | |  |  |  | | |
| Before submitting this accommodation form, are you sure there are no allowable accommodations that might be used instead of the special accommodation requested? | | | | | | | | | | |
|  | Yes | | |  | No (If No, a Special Accommodation request is NOT appropriate | | | | | |

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| 1. Describe the accommodation you are requesting and explain how the accommodation levels the playing field for the student. |
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| 1. What assessment will the accommodation be used for? (Check all that apply)  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | SD Math |  |  | SD ELA |  |  | SD Science | |  |  |  |  |  |  |  |  | |  | MSAA Math (Alt) |  |  | MSAA ELA (Alt) |  |  | SD Science Alt |  1. Was this accommodation agreed upon at the IEP or 504 meeting when discussing statewide assessments? | | | |
|  | **YES** (proceed to next question |  | **No** (A Special Accommodation request is NOT appropriate) |

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| 1. How is this accommodation documented? |
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| 1. Explain how this accommodation is typically provided for the student during instruction and assessment in the general classroom. |
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I attest that the information provided is correct.

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| Sped or 504 Director: |  |  |  |  |  |
|  | Print Name |  | Signature |  | Date |
| Building Administrator: |  |  |  |  |  |
|  | Print Name |  | Signature |  | Date |
| Assessment Director: |  |  |  |  |  |
|  | Print Name |  | Signature |  | Date |

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| FOR STATE USE ONLY | | | | | | | | | | | |
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|  |  | Approved |  |  | | Refused | Reason: | | | | |
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| Assessment Director: | | | | |  | | |  |  |  |  |
|  | | | | | Print Name | | |  | Signature |  | Date |