**[School Letterhead]**

**Elementary Curriculum Standardized Testing   
Accommodations Request Form**

**Note:** This document should be sent to the Assistant Superintendent of Curriculum by November 30.

Please submit this form to request the below student requires accommodation on the Standardize testing. By signing the form, you acknowledge that the student requires the accommodations and that you have completed and submitted the necessary documentation (CIA 609.1 and CIA 609.2).

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| **Date**: Click or tap to enter a date. | **Academic Year:** Click or tap here to enter text. | |
| **Student**: Click or tap here to enter text. | | **Grade**: Choose an item. |
| **Principal**: Click or tap here to enter text. | | |

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| **Test to Be Accommodated** | | | |
| **ELA-** Enter Text | **Math-** Enter Text | **Social Studies-** Enter Text | **Science-** Enter Text |
| **Level of Accommodation Requested (*see explanation below each level*)** | | | |
| **Level I-** Enter Text (Special seating, small group testing, individual testing, more frequent breaks, use of larger print, no change in time allocations or other test conditions. Students will receive full score report.) | | | |
| **Level II-** Enter Text (Student given extra time up to 1.5 times allotted time. Questions read to student, except for reading. Students do not receive a full testing report.) | | | |
| **Level III-** Enter Text (Test is modified to include fewer questions, use of adaptive devices, no time constraints. Limited report received. This level is reserved for identified special education students only.) | | | |

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| **Principal Signature / Date** |
| **Office of Catholic Education Print Name / Signature / Date** |