**Request for Permission to Test a Student   
in an Alternate Setting**

**Instructions:** To request permission to test a student in an alternate setting for an MCAS test administration, complete and fax this request form to the Department’s Student Assessment Services Unit, to 781-338-3630. Requests should be submitted **at least two weeks prior to testing**, if possible.

Responses will be sent via fax prior to the testing window. Please contact the Student Assessment Services Unit at   
781-338-3625 with any questions.

Retain documentation on file for three years.

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| **1. Contact Information** | | | |
|  | **Principal’s Name**:Click here to enter text. **Telephone Number:**Click here to enter text. **Fax Number:**Click here to enter text. | | |
|  | **School:**Click here to enter text. **District:**Click here to enter text. | | |
| **2. Student Information** | | |  |
| **First Name:**Click here to enter text. **Middle Name:**Click here to enter text. **Last Name:**Click here to enter text. | | | |
| **SASID:** Click here to enter text. **Grade:**Click here to enter text. | | | |
| **Reason that the student is unable to be tested at school:** (e.g., medical, disciplinary, personal) Click here to enter text. | | | |
| **When will the alternate setting be used** (*Check one or more.)* ELA Math STE  *Note: You must resubmit a form for Math/STE if an alternate setting was approved for ELA and is still needed.* | | | |
| **3. Proposed Test Administrator**  **First Name:**Click here to enter text. **Last Name:**Click here to enter text.  **Test administrator’s position in the school or district:** Click here to enter text. (See the Principal’s Administration Manual [PAM] for the policy on designating qualified test administrators.)  **Date of training in administering MCAS tests:** Click here to enter text.(See the PAM for information on training test administrators.) | | |  |
| **4. Proposed Test Administration Details** | | |  |
| **The principal of the school must attach a separate sheet with details describing the following:**   * the proposed alternate setting * plans for ensuring secure testing conditions and secure transport of test materials each day * procedures for materials to be returned to central locked storage at the school each day * proposed test administration dates, if the student will be participating in make-up sessions   **The principal of the school must sign below to acknowledge the following:**   * All test materials will be kept secure as they are transported between the school and the alternate setting and during test administration. * The test administration will follow all protocols described in the PAM and the appropriate *Test Administrator’s Manual*, including the prohibition of visitors from the testing environment. * The student’s test materials will be returned along with test materials for all other students according to instructions in the PAM.   Principal’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| **4. Approval/Denial of Request – For Department Use Only** | | |  |
| ***(This section will be completed and returned to your school prior to testing.)*** | | |  |
|  | *Check one:* 🞎 This request has been approved. OR 🞎 This request has been denied. |  | |
|  | Department of Elementary and Secondary Education |  | |
|  | Staff Person Name and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
|  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |