

Virginia Department of Education (VDOE)
Office of Student Assessment
2022 – 2023 Special Assessment Accommodation Request

Prior to completing this request for a special assessment accommodation, please ensure the test accommodations documented in Appendix B of the *Test Implementation Manual* have been considered.

Section I: Student and Test Information

Date of Request: Click or tap to enter a date. Division Name: Click or tap here to enter text.

School Name (optional): Click or tap here to enter text.

Student's State Testing Identifier (STI): Click or tap here to enter text.

Test Type: Choose an item. Test Content Name(s): Click or tap here to enter text.

Test Level: Choose an item. Test Mode: Choose an item.

Date(s) the student is scheduled to take the test(s) identified above: Click or tap to enter a date.

Section II: Disability, Accommodation Request, and Justification

Please provide the following information:

A) Student's Disability:

- Student's Disability:
Choose an item.
- Description of the student's disability/disabilities as related to this accommodation request:
Click or tap here to enter text.

B) Requested Accommodation:

- Description of the accommodation(s) requested for the specific assessment(s):
Click or tap here to enter text.
- Has the requested accommodation(s) been provided to the student during instruction?
Click or tap here to enter text.
- Explanation of why the student needs the accommodation(s) to access the specific state assessment(s).
Click or tap here to enter text.
- If the requested accommodation(s) include the use of a commercially available product, please specify the product name, version, operating system (if applicable), and a Web address or source for additional information regarding the product:
Click or tap here to enter text.

C) Other Accommodations:

- Description of all other test accommodations which will be provided for the specific state assessment(s):
Click or tap here to enter text.
- Description of other instructional accommodations which are provided to the student:
Click or tap here to enter text.

Section III: Form Completion

A. Individual completing this request:		
Click or tap here to enter text. Title	Click or tap here to enter text. First and Last Name	Click or tap to enter a date. Date

B. Enter the information below to verify the Division Director of Testing or Designee has reviewed this Special Assessment Accommodation Request for completeness and accuracy.		
Division Director of Testing or Designee	Click or tap here to enter text. First and Last Name	Click or tap to enter a date. Date

The Division Director of Testing must document extenuating circumstances in writing if submitting a late request.

Section IV: Approval Information (to be completed by VDOE staff)

☐ **Approved** ☐ **Approved with Conditions** ☐ **Not Approved**

If Approved or Approved with Conditions, the accommodation must be documented in the student's Individual Education Program (IEP) or 504 Plan prior to providing the accommodation during the test administration.

If Approved with Conditions, the following conditions must be implemented: