Special Accommodation Request

In rare cases, a student with a disability may require the use of an accommodation that is not specified in the state accommodations’ publications in order to access state tests. In such cases, the following procedures must occur.

**Directions for School Test Coordinators:**
1. Complete a copy of the *Special Accommodation Request* (available from the LEA test coordinator or at [http://www.ncpublicschools.org/accountability/policies/accom](http://www.ncpublicschools.org/accountability/policies/accom)). Include all requested information. Additional pages may be attached.
2. Provide specifics to ensure an accurate evaluation.
3. Make sure the requested accommodation is used routinely in the classroom.
4. Submit the request to the local education agency (LEA) test coordinator or charter school test director using a secure method (e.g., encrypted file via e-mail, courier service, hand delivery).

**Directions for LEA Test Coordinators/Charter School Test Coordinators:**
1. Screen the request to ensure it is valid and all necessary details/information are included.
2. If the request is deemed invalid, provide feedback to the school test coordinator.
3. If the request is valid, complete the electronic version of the *Special Accommodation Request* located on the NC Education ordering page and click submit.
4. The form must be received by the NCDPI within thirty (30) days of the Individualized Education Program (IEP) or Section 504 committee decision or at least three (3) weeks before the test administration, whichever occurs first.

**NCDPI Review/Response:**
1. The request submitted to the NCDPI by the LEA test coordinator/charter school test coordinator will be reviewed and a determination made regarding the validity of the accommodation(s).
2. The NCDPI will notify the LEA test coordinator/charter school test coordinator via written response whether the request for the use of the special accommodation is approved or denied.

Accommodations used during the administration of North Carolina tests must be used routinely during classroom instruction and similar classroom assessments. The use of certain unauthorized accommodations may invalidate test results. Invalid test results must not be included in the student’s permanent record, used for placement purposes, or used for accountability purposes.
# Accommodation Notification Request Form

<table>
<thead>
<tr>
<th>School Code (6 digits)</th>
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<tbody>
<tr>
<td>School Name:</td>
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<tr>
<td>Student Name:</td>
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<tr>
<td>Student ID Number:</td>
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<tr>
<td>Assigned Grade Level:</td>
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**Testing Accommodation Documentation:**
- □ Section 504 Plan
- □ Individualized Education Program (IEP)

**Name of State Test(s):**
- □ Beginning-of-Grade 3
- □ End-of-Grade Math
- □ End-of-Grade Reading
- □ End-of-Grade Science
- □ Read to Achieve
- □ End-of-Course Biology
- □ NC Math 1
- □ End-of-Course English II
- □ College and Career Readiness
- □ NCFE Chemistry
- □ NCFE Physics
- □ NCFE Physical Science
- □ NCFE Earth/Environmental Science
- □ NCFE NC Math 2
- □ NCFE NC Math 3
- □ NCFE Advanced Functions and Modeling
- □ NCFE Discrete Mathematics
- □ NCFE Precalculus
- □ NCEXTEND1
- □ ACCESS for ELLs 2.0

| First Test Date  
*mm/dd/yyyy* |  |
<table>
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<tbody>
<tr>
<td>Specify the Accommodation (2–3 words):</td>
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<tr>
<td>Description</td>
<td>Note</td>
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<td>Describe in detail how the accommodation will be used during the test administration.</td>
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<td>Explain in detail the reason(s) the accommodations available in the state accommodations publications are not appropriate for the student.</td>
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<td>Explain in detail the reason(s) that the student requires the use of the accommodation. Documentation must be on file to verify that the student has used this accommodation routinely during regular classroom instruction and similar classroom assessments this school year.</td>
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</table>

Exceptional Children Teacher’s Signature: __________________________ Date: ____________

Principal’s Signature: __________________________ Date: ____________

LEA Test Coordinator’s Signature: __________________________ Date: ____________