



ECA Date Change Request: 2016-17 Assessments For 2017 & 2018 Cohorts ONLY

Introduction

No public or other educational institution may administer required assessments outside of the published testing dates established by the State Board.

The directions below and the form on the next page apply to schools/corporations wishing to:

- Change their scheduled ECA testing dates within an established testing window.

Required Documentation / Process

Local

- If the superintendent or nonpublic/charter/choice principal supports the request, **the form on page 2 of this document, along with rationale, must be submitted on or before the date indicated below (based on a particular testing window) to the Office of Student Assessment via fax at 317-233-2196:**
 - ✓ **Completed** *Date Change Request* form
 - ✓ **Documentation** supporting rationale for date change request

Important Notes:

- **Paper/Pencil** ECA testing windows must be four (4) days in length
- **Online** ECA testing windows must be eight (8) days in length
- Upon receipt of the request form and the rationale documentation, an email will be sent confirming receipt.

Submit a ***Date Change Request Form*** for the appropriate testing window (form due date appears after each window).
Additional copies of the form must be submitted if more than one request is needed.

Assessment	Form Due
ECA-Winter	December 5, 2016
ECA-Spring	May 19, 2017
ECA-Summer	August 21, 2017

IDOE

- The Director of Student Assessment will ensure review of requests.
- The results of the review will be communicated to schools/corporations approximately two weeks after receipt of the request.



Indiana Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

ECA Date Change Request Form: 2016-17 Assessments

For 2017 & 2018 Cohorts ONLY

Select **ONE** testing window and all applicable content areas:

Testing Window	Content Areas
<input type="checkbox"/> ECA-Winter	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10
<input type="checkbox"/> ECA-Spring	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10
<input type="checkbox"/> ECA-Summer	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10

Additional copies of the form must be submitted if more than one test window date change request is needed.

1) Date of Request: _____
 Corporation Name and Number: _____
 School Name(s) and Number(s): _____
 Corporation Test Coordinator: _____
 Title: _____ Email Address: _____
 Telephone Number: (_____) _____

2)

Content Area	Scheduled Testing Dates	Requested Testing Dates
<input type="checkbox"/> Algebra I		
<input type="checkbox"/> English 10		

3) Briefly describe the rationale related to this request (and include documentation via fax):

4) Superintendent or Nonpublic/Charter/Choice School Principal to Complete this Section:

Signature: _____ Date: _____
 Print Name: _____ Email Address: _____

IMPORTANT: Be sure to include **documentation** supporting the request, along with **this form**, on or before the date indicated based on the testing window to the Office of Student Assessment **via fax at 317-233-2196**.

If you have questions, please contact the Office of Student Assessment by calling 317-232-9050 or via email at eca@doe.in.gov.

FOR IDOE USE ONLY

____ Approved ____ Not Approved Date: _____ Initials: _____
 Assessment Director Signature: _____ Date: _____