



Indiana Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

Non-Standard Assessment Accommodation Request: 2015-16 Assessments

Introduction

A list of approved accommodations for Indiana assessments is provided in *Appendix C* of the *Indiana Assessment Program Manual* (<http://www.doe.in.gov/assessment>). A non-standard assessment accommodation is one that is **NOT** identified in the *Indiana Assessment Program Manual*, and must be approved by the Indiana Department of Education. Requests must be made by the specific dates indicated below (based on testing windows). **IMPORTANT:** *Incomplete forms and/or forms requesting more than one window cannot be processed.*

Requirements

- The accommodation must be part of the student’s IEP, Section 504 Plan, ILP, or Service Plan and used by the student routinely in the classroom.
- Standard accommodations on the state assessment must be considered prior to requesting a nonstandard accommodation.
- The accommodation:
 - must not invalidate the construct of the assessment;
 - must align with instructional practices; and
 - must be individualized for the student who needs the accommodation.

Process Local

To request use of a non-standard assessment accommodation, the **Corporation Test Coordinator (CTC) must complete and submit the form on page 2 of this document 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**.

- Be certain to respond to question number 2 on the form.
- If the request is for a paper version of the assessment and not part of a student plan (e.g., religious reason, student in a facility without access to computers, student on homebound, or student needs a paper form due to a temporary disability), question number 3 on the form **MUST BE** completed.

Submit a **Non-Standard Assessment Accommodation Request Form** for each appropriate testing window (form due date appears after each window).

Assessment	Form Due	Assessment	Form Due
WIDA-ACCESS	November 20, 2015	ECA-Fall	September 21, 2015
ISTEP+ Part 1	February 1, 2016	ECA-Early Winter	November 9, 2015
ISTEP+ Part 2	March 21, 2016	ECA-Late Winter	January 11, 2016
IREAD-3 (Spring)	February 15, 2016	ECA-Spring	March 28, 2016
IREAD-3 (Summer)	May 3, 2016	ECA-Summer	May 19, 2016

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- Upon receipt of the request form, an email will be sent confirming receipt.
- 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.

IMPORTANT: The form on page 2 is used **ONLY for accommodations that are not listed** in the *Indiana Assessment Program Manual*.



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Non-Standard Assessment Accommodation Request Form: 2015-16

Select **ONE** testing window and applicable content area(s) (*due date appears after each window*):

Testing Window	Content Areas	Testing Window	Content Areas
<input type="checkbox"/> WIDA (11-20-15)	N/A	<input type="checkbox"/> ECA-Fall (9-21-15)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10
<input type="checkbox"/> ISTEP+ Part 1 (2-1-16)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS	<input type="checkbox"/> ECA-Early Winter (11-9-15)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10
<input type="checkbox"/> ISTEP+ Part 2 (3-21-16)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS	<input type="checkbox"/> ECA-Late Winter (1-11-16)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10
<input type="checkbox"/> IREAD-3—Spring (2-15-16)	N/A	<input type="checkbox"/> ECA-Spring (3-28-16)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10
<input type="checkbox"/> IREAD-3—Summer (5-3-16)	N/A	<input type="checkbox"/> ECA-Summer (5-19-16)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10

1) Non-standard assessment accommodation requested: _____

2) Respond to each question below by circling “Yes” or “No”:

Is the requested accommodation

- 1) documented in the student’s IEP, Section 504 Plan, ILP, or Service Plan? Yes No
 2) used by the student routinely in the classroom? Yes No

3) **FOR PAPER REQUESTS ONLY:** If the request is for a paper version of the assessment and not part of a student plan, please indicate the reason for requesting paper (refer to examples on page 1). _____

4) Date of Request: _____
 Corporation Name and Number: _____
 School Name(s) and Number(s): _____
 Student Name (see page 3 if submitting requests for more than one student): _____
 Date of Birth: _____ STN: _____ Grade: _____

5) By signing below, I affirm that the information provided can be verified at the request of the Indiana Department of Education.

CTC Signature: _____ Date: _____
 CTC Print Name: _____
 CTC Telephone Number: (_____) _____
 CTC Email Address: _____

IMPORTANT: Be sure to submit this request **on or before the date indicated above (based on a particular testing window)** to the Office of Student Assessment **via fax at 317-233-2196.**

If you have questions, please contact **Karen Stein**, Special Programs Assessment Specialist, at kstein@doe.in.gov or 317-232-9050.

FOR IDOE USE ONLY

_____ Approved _____ Not Approved Date: _____ Initials: _____

