

ACCOMMODATION REQUEST FORM

DISTRICT INFORMATION

District Name: _____ Campus Name: _____

Name/Title of Person Making Request: _____

Signature of Person Making Request: _____

Phone Number: _____ Fax Number: _____

REQUEST

Assessment (*circle*): TAKS TAKS (Accommodated) TAKS-M TELPAS Reading

Student's Grade: _____ Administration Date: _____

Subject(s): _____

Description of accommodation (*attach another sheet if necessary*):

Why does this student need this accommodation?

Does this student routinely receive this accommodation in classroom instruction?

Yes _____ No _____

Is this student receiving support/services through special education or Section 504 of the Rehabilitation Act of 1973?

Yes, Special Education _____ Yes, 504 _____ No _____

Is this accommodation documented in the student's paperwork?

Yes _____ IEP (Special Ed.) IAP (504) Other No _____

District Coordinator Signature: _____ Date: _____

ACCOMMODATIONS TASK FORCE ACTION (for TEA use only)

Date Request Received: _____ Approved/Denied by: _____

Date of Response: _____ Approved/Denied via: _____

Comments:

Accommodation Category:

Presentation _____ Response _____ Setting _____ Timing and Scheduling _____

Please fax this form to the TEA Student Assessment Division at 512-463-9302.

Duplicate this form as needed.