



## SPECIAL ACCOMMODATIONS REQUEST FORM

This form is completed by a District Test Coordinator, School Test Coordinator, or District Administrator to request permission to use of a special accommodation on either the English Language Proficiency Assessment (ELPA) or Idaho Reading Indicator (IRI).

### District, School, and Student Information

Date:

District Name:

School Name:

District Contact Name:

District Contact Role:

District Contact Email:

District Telephone:

Student First Name:

Student Last Name:

Student EDUID #:

Student Grade:

### Special Accommodation Category

The Special Accommodations Request Form is being completed to request the use of an accommodation under the following Special Accommodation category:

☐ Temporary Accommodation

☐ Non-Standard Assessment Accommodation

### Idaho Comprehensive Assessment Program

Select the assessment where the special accommodation intends to be applied.

☐ English Language Proficiency Assessment (ACCESS for ELLs)

☐ Idaho Reading Indicator (IRI)

### Special Accommodation Rationale

Provide a description of the context/rationale for requesting a special accommodation.

## Special Accommodation Request

Provide a detailed description of the special accommodation being requested. If the accommodation is already published within one of the approved accessibility manuals, copy the name and description and provide it below.

## Special Accommodations Supplemental Questions

- Select the personnel involved in identifying the special accommodation requested.

☐ Child's Teacher

☐ Child's Parent/Guardian

☐ Psychologist

☐ School Counselor

☐ District Test Coordinator

☐ Principal

☐ Special Education Team Member

☐ Student

☐ Child's Doctor

☐ EL Specialist

☐ School Test Coordinator

☐ Other:

## Non-Standard Accommodation Request Supplemental Questions

- Select the type of services the child is already receiving.

☐ IEP   ☐ 504 Plan   ☐ EL (LIEP)   ☐ Unsure   ☐ N/A
- If yes, is the accommodation being requested outlined within the child's IEP, 504 Plan, or EL Plan?

☐ Yes   ☐ No   ☐ Unsure

## Requestor's Signature

Designee Role:

**Debbie Critchfield, Superintendent of Public Instruction**  
**(208) 332-6800 | 650 W. State St., Boise, ID 83702 | [sde.idaho.gov](https://sde.idaho.gov)**

Designee Signature:

Date: