



RHODE ISLAND NECAP STATE ASSESSMENTS

Request for Use of O1 “Other” Accommodation(s) ***

(When occurs, double click to check (or uncheck) this box. Otherwise, just type in text)

STUDENT	Student Name:	Today’s Date:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Date of Birth (mm/dd/yyyy) : __/__/____
	Current Grade: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 11	
	Student SASID (10 digit State-Assigned Student ID code beginning with 100): 1 0 0 _____	

SCHOOL	School Contact Person:	Position/Title:
	Phone:	Email:
	Name of Responsible District/Local Education Agency (LEA):	
	Name of School of Enrollment:	
	School Code:	

1. Request to use O-Other accommodation(s) during the following test(s): [Please indicate content area(s) and session(s)]

- Reading Session(s): 1 2 3
- Writing Session(s): 1 2
- Math Session(s): 1 2 3
- Science Sessions(s): 1 2 3

2. Fully describe each requested O1 “Other” accommodation (e.g., What assistance will the student receive? What will the student do independently?). **You may attach an additional page(s) if necessary. If you have questions, please call Dr. Kevon Tucker-Seeley at 401-222-8494.**

3. Assurances: (Please check below to confirm ALL of these steps have been taken)

- The school team considered all standard approved accommodations prior to proposing this/these accommodation(s).
- The proposed accommodation(s) is/are consistent with supports provided during routine class instruction and/or test-taking.
- The proposed accommodation(s) will be administered by a trained test administrator who has been briefed on the student’s needs and will administer the accommodation(s) as described above.

I certify that the information contained within this form is complete and accurate.

_____/_____/_____
Principal’s Full Name (please print) **Principal’s Signature** **Date**

***** AFTER SIGNING, PLEASE FAX A COPY TO RIDE AT 401-222-3605**

(Address the fax to Dr. Kevon Tucker-Seeley)

Upon receipt of this information, RIDE will notify the contacting school official of whether the O1 “Other” accommodation(s) was/were approved. For additional information on the use of accommodations during assessment, see “NECAP Accommodation Guide” (available online at: http://www.ride.ri.gov/Assessment/DOCS/NECAP/Test_Admin/NECAP_Accommodations_Guide.pdf).