

APPENDIX D: Unique Accommodation Form

Directions: To request approval for a unique accommodation, this form must be submitted to **RIDE by fax to 401-222-3605** by the principal or designee or District Testing Coordinator or designee, at least six weeks prior to testing to ensure a timely response from RIDE. **DO NOT EMAIL.** A *Word version of this form can be found at www.ride.ri.accomodations.*

DISTRICT/SCHOOL ASSURANCES: In submitting this form for approval, the principal/designee or assessment coordinator assures that:

- This accommodation will be documented in the student’s IEP, 504 Plan, or EL plan. In the case of an IEP, the parent/guardian of the student must sign the amended IEP prior to testing.
- The school team has met and considered all listed accommodations before proposing this unique accommodation.

The proposed accommodation is used, as appropriate, for routine classroom instruction and assessment.

District Name:	DATE:
Name of Principal/Designee or District/LEA Testing Coordinator (please print):	
School Name:	
Telephone Number:	Fax Number:
Student Information:	
Student Name:	SASID:
Grade:	DOB:

Test(s) on which the student will use the accommodation (*PSAT10 and SAT requests must be submitted through the SSD Online Portal*):

- ACCESS for ELLs
 ALT ACCESS for ELLs
 RICAS (Subject Area: _____)
 RI NGSA
 DLM (Subject Area: _____)

Describe the accommodation in detail:

How is this accommodation used during instruction, classroom assessments, or on other assessments:

What equipment, staff, space, or additional accommodations will also be needed in order to administer this accommodation?

FOR RIDE USE ONLY: This accommodation is APPROVED This accommodation is DENIED

RIDE Staff Name and Position: _____

Signature: _____ Date: _____

NOTES: