



## Unique Accommodation Request Form

A separate form for each additional accommodation that is not included in the list of eleven HSA-Alt accommodations listed in the table on pages 51-55 of this HSA-Alt Test Administration Manual must be submitted and approved or disapproved prior to testing a student.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ 10-digit Student ID: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_ School Code: \_\_\_\_\_

School Contact Person Name: \_\_\_\_\_

School Contact Tel No: \_\_\_\_\_ School Contact Person E-mail: \_\_\_\_\_

Check each criterion that applies to this additional accommodation request.

- Based on student's identified learning needs
- Currently provided during classroom instruction
- Agreed upon by the staff members who provide services of the student
- Stated in the student's IEP or 504 Plan with agreement by team to request from the Assessment Section

More detailed information about the student's need for additional accommodations may be requested by the Assessment Section if deemed necessary.

In the space below, list the name of this additional accommodation (as documented in the IEP/504 Plan) and state the reason the student needs it:

The principal and all teachers who provide classroom instruction for the student must sign this form to verify that the student meets the criteria listed above for this additional designated support or accommodation.

Print Name	Signature	Title
		Principal
		Teacher
		Teacher

*Assessment Section Use Only*

Verified: Y or N

Name and Date:

Email a scanned copy of the completed form (and any additional sheets as necessary) to the Assessment Section at [hsa-alt@k12.hi.us](mailto:hsa-alt@k12.hi.us).  
 Or fax the completed form (and additional sheets as necessary) to the Assessment Section at (808) 733-4483.  
 The school Test Coordinator should retain the original form for documentation purposes.