



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 48-51 of this HSA-Alt Summative 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.
 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.