**ACCESS for ELLs Unique Accommodations Request Form**

**Instructions**: The Unique Accommodations Request Form should be completed in rare or unique situations when a request is made for an English learner (EL) with a disability to receive an accommodation that is not part of your State Education Agency’s (SEA) approved list of accommodations for ACCESS for ELLs. (Most SEAs use guidelines and recommendations on the [WIDA Accessibility and Accommodations](https://wida.wisc.edu/assess/accessibility) website.)

To request approval for a unique accommodation, this form must be completed and sent to your SEA **at least four weeks prior to the opening of the ACCESS for ELLs testing window** to ensure you receive a timely state response. Use your state-identified method for submitting a request involving student data (e.g., fax, mail, or secure electronic transfer.) ***Do not email student personally-identifiable data.***

Prior to submission to your SEA, the completed form must undergo review and receive principal/designee and district/local school system (LSS) approval. Your SEA may request documentation (e.g., student’s educational plan, data related to implementation of the accommodation during instruction) before approval is granted. Once approved, a copy of this form must be kept with the student’s educational plan and, if appropriate, retained at the district/LSS office.

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| **Contact information for educator requesting unique accommodation on behalf of student:** | |
| Contact Name: | Date: |
| School Name: | Phone Number: |
| District/LSS Name (and Number): | School Contact Email: |
| The following conditions must be met prior to submitting this form:   * The accommodation is (or upon approval will be) documented in the student’s educational plan (i.e., IEP, 504 Plan, or plan for students receiving services under title II of the ADA) *and* (if applicable for your SEA) in the student’s Individual English Language Plan or EL Plan. * The student’s educational team has met and considered all available accessibility features and accommodations before proposing this unique accommodation. * The accommodation is used, as appropriate, consistently during routine classroom instruction and assessment. * The accommodation does not alter the English language proficiency construct being measured by ACCESS for ELLs. | |
| Reviewed and Approved by Principal/Designee (Name): | Reviewed and Approved by District/LSS Staff (Name): |
| Principal/Designee Email: | District/LSS Email: |
| **Student Information** | |
| Student Name: | Date of Birth: |
| Grade: | State Student ID: |
| **Provide a brief description of the accommodation for which you are requesting approval**: | | |
| **Describe the evidence that supports the need for this accommodation, including how it is used by the student in the classroom to meet his or her English language proficiency needs:** | | |
| **Describe the planning needed for provision of this accommodation on tests (e.g., school staff, space, and/or specialized tools or equipment needed):** | | |

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| **For SEA Use Only: Approval/Denial of Request** | |
| Check one item below:  This request has been approved. 🞏 This request has been denied. 🞏 | |
| Comments (Optional): | |
| SEA Staff Name and Position: | |
| SEA Staff Signature: | Date: |