

Appendix E: Use of an Emergency Accommodation on an Illinois **Assessment of Readiness**

Directions: This form is appropriate in cases where a student needs a new accommodation immediately prior to the assessment due to unforeseen circumstances. Cases could include students who have a recently-fractured limb (e.g., fingers, hand, arm, wrist, or shoulder); whose only pair of eyeglasses has broken; or a student returning from a serious or prolonged illness or injury. If the principal (or designee) determines that a student requires an emergency accommodation on the day of the test, this form must be completed and maintained in the student's assessment file. *The parent must be notified that an emergency accommodation was provided.* Refer to Appendix C of the Test Coordinator Manual for ISBE requirements for approving emergency accommodations. *Consult with your local district office for approval if required by ISBE.* If appropriate, this form may also be submitted to the district assessment coordinator to be retained in the student's central office file.

Date:

Tolonhone Number:

District Name:

School Name:

School Name.	releptione ivaliber.
Student Name:	Grade:
Student ID #:	Date of Birth:
Name and Title of Person Completing this	Form:
Staff Member's Name	Title/Position
Reason for needing an emergency test acc	commodation (attach documentation if needed
Describe what the testing accommodation	າ will be:
Who will administer the accommodation?	
Staff Member's Name	Title/Position
Principal Signature	Date
Local Accountability Coordinator Signature (if appropriate or required)	Date