

## Appendix G: 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.

<b>District Name:</b>	<b>Date:</b>
<b>School Name:</b>	<b>Telephone Number:</b>
<b>Student Name:</b>	<b>Grade:</b>
<b>Student ID #:</b>	<b>DOB:</b>

Name and Title of Person Completing this Form:

\_\_\_\_\_

*Staff Member’s Name*

*Title/Position*

Reason for needing an emergency test accommodation (attach documentation if needed):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe what the testing accommodation 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*