II. Accommodation Request Form

Use this form for requesting accommodations that are *not* already documented as allowable (A98) in the current edition of the Mississippi Testing Accommodations Manual.

District Name: ____________________________________________________  District Code: _________
School Name: ____________________________________________________  School Code: _________
Name of the Requester: ____________________________________________  Title: __________________________

Accommodation(s) are requested for use on the following assessment(s):  (Check all that apply.)

<table>
<thead>
<tr>
<th>MAAP Algebra I:</th>
<th>MAAP Science:</th>
<th>ELPT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAAP Biology I:</td>
<td>MAAP (G3-8) ELA:</td>
<td>MAAP (G3-8) Math:</td>
</tr>
<tr>
<td>MAAP English II:</td>
<td>MKAS²:</td>
<td>3rd Gr. Reading:</td>
</tr>
<tr>
<td>MAAP U. S. History:</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Student Name: __________________  MSIS Number: __________________

Grade: _______ Test Administration Date(s): ________, ________, ________, _______, ________

A. Please list the *accommodation number(s)* requested. If #98, please explain in detail.

B. Why does the student need this (these) accommodation(s)?  *(Attach supporting evidence from an MD/DO for the temporary physical disability)*

C. Does this student routinely receive this accommodation in classroom instruction?  _____ Yes  _____ No

D. Is this student receiving support/services through Special Education or Section 504 of the Rehabilitation Act of 1973?  Yes (circle one:  IDEIA/IEP or Section 504 Plan)  _____ No

   If yes on D, attach a copy of the Present Levels of Academic Achievement and Functional Performance // Present Levels of Performance page(s) and the Statewide Test Accommodations // Supplementary Aids and Services page(s) from the student’s Individualized Education Program (IEP) or Section 504 Plan.

District Test Coordinator’s Signature: ____________________________  Date: ______________

Please mail and/or upload to SharePoint this form and supporting documentation at least four (4) weeks prior to the test date for which it is requested to the Office of Student Assessment, Attn: M. Pleshette Smith, P. O. Box 771, Jackson, Mississippi 39205. If this form is uploaded to SharePoint contact MDE immediately via email at mcsmith@mdek12.org.

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**MDE USE ONLY**

_____ Approved  _____ Denied  Signature: ____________________________

Reason for denial:

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Revised August 2019