II. Accommodation Request Form

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

District Name:		District Code:
School Name:		School Code:
Name of the Requester:		Title:
Accommodation(s)	are requested for use on th	ne following assessment(s): (Check all that apply.)
MAAP Algebra I:		MAAP Science: ELPT:
MAAP Biology I:		MAAP (G3-8) ELA:MAAP (G3-8) Math:
MAAP English II: MAAP U. S. History: Student Name:		MKAS ² : K-Readiness: 3rd Gr. Reading: Other:
		B. Why does the stud
C. Does this student i	eiving support/services through	dation in classroom instruction? Yes No Special Education or Section 504 of the Rehabilitation Act of 1973?
	IDEA/IEP or Section 504 Plan)	
Yes (circle one: 1 If yes on D, att Levels of Perfo	ormance page(s) <u>and</u> the Statew	
Yes (<u>circle one</u> : If yes on D, <u>att</u> Levels of Performage(s) from the	rach a copy of the Present Level ormance page(s) <u>and</u> the Statew he student's Individualized Educ	No Is of Academic Achievement and Functional Performance // Present ride Test Accommodations // Supplementary Aids and Services
Yes (circle one: If yes on D, att Levels of Perfo page(s) from th District Test Coordina Please mail and/or up date for which it is red	rach a copy of the Present Level ormance page(s) and the Statew he student's Individualized Educator's Signature: cload to SharePoint this form a quested to the Office of Stude	No Is of Academic Achievement and Functional Performance // Present ride Test Accommodations // Supplementary Aids and Services cation Program (IEP) or Section 504 Plan.
Yes (circle one: If yes on D, att Levels of Performance page(s) from the District Test Coordinate Please mail and/or up date for which it is red Mississippi 39205. If the	ach a copy of the Present Level ormance page(s) and the Statew he student's Individualized Educator's Signature: cload to SharePoint this form a quested to the Office of Stude this form is uploaded to Share	No Is of Academic Achievement and Functional Performance // Present ride Test Accommodations // Supplementary Aids and Services cation Program (IEP) or Section 504 Plan. Date: and supporting documentation at least four (4) weeks prior to the test nt Assessment, Attn: M. Pleshette Smith, P. O. Box 771, Jackson,
Yes (circle one: If yes on D, att Levels of Performance page(s) from the District Test Coordinate Please mail and/or up date for which it is red Mississippi 39205. If the	ach a copy of the Present Level ormance page(s) and the Statew he student's Individualized Educator's Signature: cload to SharePoint this form a quested to the Office of Stude this form is uploaded to Share	No Is of Academic Achievement and Functional Performance // Present ride Test Accommodations // Supplementary Aids and Services cation Program (IEP) or Section 504 Plan. Date: and supporting documentation at least four (4) weeks prior to the test nt Assessment, Attn: M. Pleshette Smith, P. O. Box 771, Jackson, Proint contact MDE immediately via email at mcsmith@mdek12.org.