

# Form EA: Emergency Accommodation Form for State Assessments

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**Directions:** If prior to or during testing, the school principal (or principal's designee) determines that a student requires an emergency accommodation for a short-term medical condition that affects the student's physical dexterity or a special setting accommodation, this form must be completed and submitted to the District Test Coordinator (DTC) for approval. A copy of this form must be filed in the testing archives.

**School District:** \_\_\_\_\_ **School Site:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **STN#** \_\_\_\_\_

**Name(s) and Title of Person(s) Completing This Form:**

Staff Member's Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**Reason for requesting an emergency testing accommodation (attach documentation if requested by DTC):**

**Describe what the testing accommodation will be:** \_\_\_\_\_

**Who will administer the accommodation?** \_\_\_\_\_

Staff Member's Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DTC Signature: \_\_\_\_\_ Date: \_\_\_\_\_