

BOSTON PUBLIC SCHOOLS

REQUEST FOR ISEE TESTING WITH ACCOMMODATIONS NOVEMBER 6, 2010 TEST ADMINISTRATION

Principal/Headmaster Statement

The Principal or Headmaster must complete this form unless the school has a specialist responsible for routinely assessing and granting requests for special accommodations.

School _____

Student Name _____ DOB ____ / ____ / ____

Current Grade Level (circle one) 6 8 9

The student currently receives and utilizes each of the accommodations that I have selected below for school-based standardized tests:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Extended Time | <input type="checkbox"/> Braille | <input type="checkbox"/> Small groups |
| <input type="checkbox"/> Large print test | <input type="checkbox"/> Reader | <input type="checkbox"/> One-on-one test setting |
| <input type="checkbox"/> Circle in test booklet | <input type="checkbox"/> Calculator | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Other accommodation (please explain below): | | |

If the child does not use special accommodations for school-based standardized tests, please explain:

**Please forward this form along with supporting documentation (IEP, 504 Plan, Physician's Letter) to:
Enrollment Planning & Support, 26 Court Street, 4th floor, Boston, MA 02108 by October 8, 2010.**

Parent/Guardian Signature: _____ Date: _____

SCHOOL USE ONLY

Name (print): _____	Title: _____
Signature: _____	Date: _____