



Special Programs Students Accommodations Request Form

Students with disabilities may be provided allowable accommodations on FSA/ NGSSS Assessments. Contact the office of Accountability and Testing if you need information regarding allowable state testing accommodations. Please complete this form for a student requiring accommodations on an FSA or NGSSS assessments, and return the form and the documentation to Brevard's Office of Accountability and Testing for approval **no later than:**

- **November 10, 2016 - Winter EOCs (ALGEBRA, ALGEBRA 2, GEO, BIO, U.S. HISTORY, AND CIVICS)**
- **February 17, 2017 - Spring FSA ELA (reading and writing), Math, and EOCs; NGSSS FCAT 2 and EOCs**

Student Name:

Student Grade Level (2016-17 School Year):

Parent/Guardian Phone Number:

Parent/Guardian Email Address:

Please select the administration and assessment(s) in which the student will participate. Then specify the student's disability and the accommodation(s) requested for the student.

Assessments Name:

FSA ELA (READING AND WRITING) FSA MATH FSA ALGEBRA FSA ALGEBRA 2 FSA GEOMETRY
 NGSSS FCAT 2 RETAKE NGSSS ALGEBRA RETAKE NGSSS BIOLOGY NGSSS U.S. HISTORY NGSSS CIVICS

Disability (as defined by Section 1003.01(3)(a), F.S., or subsection 6A-19.001(6), F.A.C.)

Please describe the student's disability:

Accommodation(s) Requested: The accommodations(s) requested must be allowable on statewide assessments and must be used regularly in the classroom.

Flexible Presentation

Please describe:

Flexible Responding

Please describe:

Flexible Scheduling

Please describe:

Flexible Setting

Please describe:

Assistive Device(s) other than standard calculator

Please describe:

The following documentation must be submitted with the Accommodations Request form:

- a. Evidence that the student has been found eligible as a student with a disability as defined by Sections 1003.01(3)(a), F.S., or subsection 6A-19001(6), F.A.C.
- b. Documentation that the requested accommodations are used regularly in the classroom as a part of the instructional process.
- c. An IEP (Individual Education Plan) or a Services Plan.

Is the requested accommodation(s) used regularly in the classroom for the student? Yes No

Parent/Guardian Signature (Required)

Date

Private School Administrator Signature (Required)

Date

Return form to the Office of Accountability and Testing, attention Neyda Francis, via email, fax, or regular mail.

Email: Francis.Neyda@brevardschools.org

Fax: 321-633-3465

Mail or delivery: Office of Accountability and Testing- 2700 Judge Fran Jamieson Way - Viera, FL 32940