



Appendix E Emergency Accommodation Form

Directions: This form may be used for cases in which a student needs a temporary accommodation due to unforeseen circumstances. Examples include students who have a recently fractured limb (for example, fingers, hand, arm, wrist, or shoulder), whose only pair of eyeglasses have been broken or lost, or a student returning from a serious or prolonged illness or injury. If the principal (or designee) determines that a student requires an emergency accommodation, this form should be completed and maintained in the student's file. It is recommended that the parent or guardian is notified that an emergency accommodation was provided. If appropriate, this form also may be submitted to the district testing coordinator to be retained in the student's central office file.

Demographics

District/LEA Name	
Date	
School Name	
Telephone	
Student Name	
Grade	
Student ID#	
Date of Birth (DOB)	

Name and Title of Person Completing this Form:

Staff Member's name	
Title/Position	

Reason for needing an emergency test accommodation (attach documentation if needed):

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Describe what the testing accommodation will be:

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Who will administer the accommodation?

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Staff Member's Name Signature (Below)

Title/Position (Below)

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Principal's (or Designee's) Signature Below

Date (Below)

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Contact the Department at statetests@education.ohio.gov with questions about this tool.
The Department recommends maintaining this document in the student's file.
Do not submit a copy of this document to the Department.