



# Request for Permission to Test a Student in an Alternate Setting: ACCESS for ELLs

**Instructions:** To request permission to test a student in an alternate setting for an ACCESS for ELLs test administration for either computer-based or paper-based testing, complete and fax this request form to the Department's Student Assessment Services Unit, to 781-338-3630. Requests should be submitted at least two weeks prior to testing, if possible.

**If a school is administering computer-based testing in the alternate setting, please contact the Department for special instructions.**

Responses will be sent via fax prior to the testing window. Please contact the Student Assessment Services Unit at 781-338-3625 with any questions. Retain documentation on file for three years.

<b>1. Contact Information</b>		
Principal's Name: _____		
Telephone Number: _____	Fax Number: _____	
School: _____	District: _____	
<b>2. Student Information</b>		
First Name: _____	Middle Name: _____	Last Name: _____
SASID: _____	Grade: _____	
Reason that the student is unable to be tested at school: (e.g., medical, disciplinary, personal) _____		
Paper-Based Test Administration <input type="checkbox"/>	Computer-Based Test Administration <input type="checkbox"/>	
<b>3. Proposed Test Administrator</b>		
First Name: _____	Last Name: _____	
Test administrator's position in the school or district: (See the ACCESS for ELLs manual for the policy on designating qualified test administrators.)		
Date of training in administering ACCESS for ELLs tests: (See the ACCESS for ELLs manual for information about training test administrators.)		
<b>4. Proposed Test Administration Details</b>		
The principal of the school must attach a separate sheet with details describing the following:		
<ul style="list-style-type: none"> <li>• the proposed alternate setting</li> <li>• plans for ensuring secure testing conditions and secure transport of test materials each day</li> <li>• procedures for materials to be returned to central locked storage at the school each day</li> <li>• proposed test administration dates, if the student will be participating in make-up sessions</li> </ul>		
The principal of the school must sign below to acknowledge the following:		
<ul style="list-style-type: none"> <li>• All test materials will be kept secure as they are transported between the school and the alternate setting and during test administration.</li> <li>• The test administration will follow all protocols described in the ACCESS for ELLs manual and the test administrator manual, including the prohibition of visitors from the testing environment.</li> <li>• The student's test materials will be returned along with test materials for all other students according to instructions in the ACCESS for ELLs manual.</li> </ul>		
Principal's Signature _____		Date _____
<b>5. Approval/Denial of Request – For Department Use Only</b>		
(This section will be completed and returned to your school prior to testing.)		
Check one: This request has been approved. <input type="checkbox"/> OR                      This request has been denied. <input type="checkbox"/>		
Department of Elementary and Secondary Education		
Staff Person Name and Position: _____		
Signature _____		Date _____