

ACCESS FOR ELLs 2.0®

Unique Accommodations Request Form

Instructions: The Unique Accommodations Request Form should be completed in rare or unique situations when a request is made for an English language learner (ELL) to receive an accommodation that is not part of the approved list of accommodations for ACCESS for ELLs 2.0. A complete list of approved accommodations can be found in the [ACCESS for ELLs 2.0 Accessibility and Accommodations Descriptions](#). Prior to submitting this form, the following conditions must be met:

- The accommodation must be documented in the student’s Individualized Education Program (IEP) or 504 Plan;
- The accommodation must be used appropriately and consistently during routine classroom instruction and assessment;
- The accommodation does not alter the English language proficiency construct being measured by ACCESS for ELLs 2.0.

A completed form must be submitted **at least two weeks prior to the start of the ACCESS for ELLs 2.0 testing window** to ensure a response. Submit request either by fax to 781-388-3630 (Attention: Alexis Glick) or by email to access@doe.mass.edu. Please *do not email personally-identifiable student data*.

Once approved, a copy of this form must be kept in the student’s IEP or 504 plan folder and, if appropriate, retained at the district office.

Contact information for educator requesting unique accommodation on behalf of student:	
Contact Name:	Date:
School:	Phone Number:
District:	School Contact Email:
Reviewed and Approved by Principal (or Designee):	Principal/Designee Email:
Grade of Student:	Does student currently use this accommodation for routine instruction:

(Please also complete page 2 and submit both pages)

School:	District:
<p>Provide a brief description of the accommodation for which you are requesting approval. Describe the evidence that supports the need for this accommodation, including how it is used by the student in the classroom to meet his or her English language proficiency needs:</p>	
<p>Describe the planning and resources needed for provision of this accommodation on ACCESS tests (e.g., school staff, space, and/or specialized tools or equipment):</p>	

For MA-ESE Use Only: Approval/Denial of Request	
<p>Check one item below:</p> <p>This request has been approved. <input style="margin-left: 100px;" type="checkbox"/></p> <p>This request has been denied. <input style="margin-left: 100px;" type="checkbox"/></p>	
<p>Comments (Optional):</p>	
SEA Staff Name:	Position:
SEA Staff Signature:	Date: