| ESE Logo | | | **High School MCAS Accommodation 20 Cover Sheet**  Request Approval to Use Customized Materials for High School MCAS Tests | | | | | | |
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| **Instructions:** This cover sheet must accompany all requests for approval to usecustomized materials for accommodation 20 (i.e., customized graphic organizer, checklist, or reference sheet) on MCAS **high school** testsONLY. Please complete this form and submit to the Department’s Student Assessment Services Unit by email to [mcas@doe.mass.edu](mailto:mcas@doe.mass.edu) or fax to **781-338-3630**.  Please submit a **separate cover sheet for each content area** (English Language Arts, Mathematics, or Science and Technology/ Engineering). See the *Requirements for the Participation of Students with Disabilities and English Language Learners in the 2017–2018 MCAS High School Tests* for additional submission guidelines.  See below for a list of submission deadlines for each testing window. **Materials submitted after the deadline may not be reviewed before the testing window begins.**  Responses will be sent approximately ten school days after a request is received. Please contact the Student Assessment Services Unit at 781-338-3625 with any questions. Retain documentation on file for three years. | | | | | | | | | |
| **Contact Information** | | | | | | | | | |
|  | Name: | | | | | | | Date: | |
|  | School name: | | | | | | | District name: | |
|  | Telephone number: | | | | | | | Fax number: | |
|  | Email: | | | | | | | Is this a resubmittal? ***(Check one.)***  Yes  No | |
| **Accommodation 20 Customized Materials Being Submitted** | | | | | | | | | |
| ***Place a check mark next to each material being submitted for approval.*** | | | | | | | | | |
|  | | Graphic organizer | | | | | Mathematics reference sheet | | |
|  | | Checklist | | | | | STE reference sheet | | |
| **MCAS Test Administration** | | | | | | | | | |
| ***Circle the grade and place a check mark next to each test administration the material will be used for.*** | | | | | | | | | |
|  | **Grade:** 9 10 high school | | | | | | | | |
|  | **Test Administration (submission deadlines in parentheses):** | | | | | | | | |
|  | November retests (10/6/17) | | | | February Biology test (1/5/18) | | | | March retests (2/2/18) |
|  | March–April ELA test (2/2/18) | | | | May Math & STE tests (3/29/18) | | | | June STE tests (4/27/18) |
|  | ***For Mathematics reference sheets***, place a check mark in this box if the student also uses accommodation 30: | | | | | | | | |
| **Principal or Designee Statement**  **The principal or designee of the school must sign below to acknowledge the following:**   * I have reviewed the Department’s policy for administering accommodation 20*.* * ***For Mathematics and STE materials***: I have reviewed the approval guidelines and examples posted on the [Department’s website](http://www.doe.mass.edu/mcas/accessibility/). * ***For ELA graphic organizers***: I have reviewed the [posted](http://www.doe.mass.edu/mcas/accessibility/) pre-approved ELA graphic organizers. The reason one of the pre-approved ELA graphic organizers cannot be used is as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | | | |
|  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_ | | | | | | | | |
| **Approval/Denial of Request – For Department Use Only** | | | | | | | | | |
|  | Database record number: | | | Date received: | | Date of response:  Email  Fax  Other: | | | |
|  | Approved  Approved with Changes  Not Approved Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |