

Appendix B—Procedures for Testing Students with Disabilities



Massachusetts Department of
**ELEMENTARY & SECONDARY
EDUCATION**

Request for Permission to Test an Adult with Accommodations

Instructions: To request permission to test an adult with accommodations for an MCAS retest administration, you must complete and submit this request form, **at least one week prior to testing**, to the Department’s Student Assessment Services Unit, by fax to 781-338-3630.

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.

Be sure to maintain documentation on file at your school for one year.

1. Contact Information

Principal’s Name: _____ Telephone Number: _____ Fax Number: _____
School: _____ District: _____

2. Adult Test-Taker Information

First Name: _____ Middle Name: _____ Last Name: _____
SASID: *(if available)* _____ Date of Birth: *(mm/dd/yy)* _____
Circle the test(s) adult will be taking: English Language Arts Mathematics Biology

3. Mark an “X” next to each accommodation that is allowed only with prior Department approval being requested for the adult test-taker. You must submit the adult’s documentation of a disability along with this request form (see pages 84–85 for required documentation).

ELA	Mathematics	Biology	Test Accommodation
			3. Small Group
			4. Separate Setting
			5. Individual
			14. Track Test Questions
			16. Test Administrator Reads Test Aloud (except ELA Reading Comprehension test)
			17. Test Administrator Signs Test (except ELA Reading Comprehension test)
			18. Electronic Text Reader (except ELA Reading Comprehension test)
			19. Scribe Test (except ELA Composition)
			20. Organizer, Checklist, Reference Sheet, or Abacus (attach to this fax with MCAS Accommodation 20 Cover Sheet)
			22. Monitor Placement of Responses
			23. Typed Responses
			24. Answers Recorded in Test Booklet
			25. Other Standard Accommodation (attach to this fax a description of the accommodation being requested)
	NA (ELA only)	NA (ELA only)	26. Test Administrator Reads Aloud the ELA Reading Comprehension Test
	NA (ELA only)	NA (ELA only)	27. Test Administrator Signs ELA Reading Comprehension Test
	NA (ELA only)	NA (ELA only)	28. Electronic Text Reader for the ELA Reading Comprehension Test
	NA (ELA only)	NA (ELA only)	29. Scribe the ELA Composition
NA (Mathematics only)		NA (Mathematics only)	30. Calculation Devices
	NA (ELA only)	NA (ELA only)	31. Spell- or Grammar-Checking Function for the ELA Composition
			32. Other Nonstandard Accommodation (attach to this fax a description of the accommodation being requested)

4. Approval/Denial of Request – For Department Use Only

(This section will be completed and returned to your school prior to testing.)

Check one: This request has been approved. OR This request has been denied.

Department of Elementary and Secondary Education

Staff Person Name and Position: _____

Signature: _____

Date: _____