

Appendix E—Sample Administration Forms and Test Materials



Massachusetts Department of
**ELEMENTARY & SECONDARY
EDUCATION**

Request for Permission to Test a Student in an Alternate Setting

Instructions: To request permission to test a student in an alternate setting for an MCAS test administration, complete and fax this request form, **at least one week prior to testing**, to the Department’s Student Assessment Services Unit, 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.

Retain documentation on file for one year.

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