

USBE Assistive Technology Accommodation Request Form for Assessment 2021-2022

Instructions

If a student with a disability requires an assistive technology (other than the use of a scribe) accommodation for participation in the statewide assessment as outlined in the student's educational plan (i.e., IEP, 504 Plan, Plan for Student Learning English), this request form must be filled out emailed to [Tracy Gooley](mailto:tracy.gooley@schools.utah.gov) (tracy.gooley@schools.utah.gov) at the Utah State Board of Education (USBE). Please send the form at least 3–4 weeks prior to testing to ensure a timely response. Keep a copy of this form in the student's file (i.e., IEP, school).

| | | | |
|-----------------------|----------------------|-------------------------|----------------------|
| District/Charter Name | <input type="text"/> | Request Date | <input type="text"/> |
| School Name | <input type="text"/> | Student State ID (SSID) | <input type="text"/> |
| School Telephone | <input type="text"/> | Student's Grade | <input type="text"/> |

Type of Assistive Technology Being Requested (e.g., zoom software, communication software, alternative computer input technology, etc.)

Name of Assistive Technology Being Requested (e.g., PCEye Mini, BigKeys Keyboard, Trackball, ZoomText Magnifier, etc.)

Give a detailed description about how the assistive technology accommodation has been used for classroom instruction.

Indicate Type of Plan

IEP

504 Plan

Accommodation for an EL Student

Form continues on page 2

Subject(s) Requiring AT be Enabled (check all that apply)

- RISE ELA RISE Mathematics Utah Aspire Plus Reading Utah Aspire Plus Mathematics
 RISE Science RISE Writing (grades 5 & 8) Utah Aspire Plus English Utah Aspire Plus Science

Assessment(s) Requiring AT be Enabled (check all that apply)

- Benchmark Interim Summative

By signing and submitting this form to USBE for consideration for approval, the principal/designee and LEA assure that:

- This accommodation is documented on the student’s educational plan.
- This accommodation is used regularly and with fidelity for routine class instruction and assessment.
- This accommodation has been used in training/practice tests to assure the assistive technology works appropriately for the student before the assessment session.

Principal/Designee Signature

For USBE Use Only

(This completed section will be returned to your LEA/Principal prior to testing)

LEA and School

SSID

- This assistive technology request has been approved

Additional Notes:

- This assistive technology request has been denied for the following reason(s)

USBE Staff Name and Position

Signature

Date