# USBE Assistive Technology Accommodation Request Form for Assessment 2020–2021

## 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 (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 _____ Request Date _____

School Name _____ Student State ID (SSID) _____

School Telephone _____ Student's Grade _____

## Type of and Name of Assistive Technology Accommodation Being Requested

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

## Indicate Type of Plan

◯ IEP ◯ 504 Plan ◯ Accommodation for Student Learning English

## 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/School/SSID**

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

USBE Staff Name and Position

Signature

Date