

Unique Accommodation Request Form

Instructions: This form should only be submitted to assessment@la.gov for students who will receive any accommodation which requires a paper test for the student or a paper test for the teacher. For human read aloud, teachers are no longer permitted to read over the shoulder of a student from the student's computer screen. The teacher will need a paper copy of the test. The forms are not being submitted for approval by the department but school teams need to review the LEAP 2025 Accommodations and Accessibilities Features User Guide when developing accommodations. This form must be submitted at least four weeks prior to the opening of the testing window.

This form must be completed by the School Test Coordinator and submitted by the District Test Coordinator to assessment@la.gov at least four weeks prior to testing to ensure a timely state response is received. A copy of this form must be kept in the student's records and, if appropriate, retained at the district office.

Contact information for educator requesting unique accommodation(s) on behalf of the student					
Name:				Date:	
School Name:				Phone Number:	
District/LEA Name:				Email:	
Student Information					
First Name (1 st letter only):					
Student's Last Name (1st three letters only):					
Day of Birth: Grade: First/Native Lar			/Native Language:	10 Digit LA Secure ID#:	
Unique Accommodation for Assessment Administration					
LEAP 2025 (grades 3	-8) IAP Math Te	estlets	LEAP 2025		☐ Other-Specify:
□ ELA □ Math □ Science □ Social Studies □ Eng. I □ Eng. II □ Alg			□ Eng. I □Eng. II □ Alg. I	□ Civics	
☐ Geometry ☐ Biology ☐ U				JS History	
Brief Description of the Requested Accommodation:					
Evidence to Support the Need <i>and</i> how it is routinely used by the student in the classroom and on other assessments:					
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Describe Planning Needed (e.g., school staff, space, and/or specialized tools or equipment):					
Describe Flamming Needed (e.g., scribb) stajj, space, ana/or specialized tools or equipments.					
In submitting this form to LDOE, the designee assures the following:					
This accommodation is documented in the student's: □ IEP □ IAP □ EL Checklist					
☐ The school team has met and considered all listed accommodations before proposing this unique accommodation.					
☐ The proposed accommodation is used, as appropriate, for routine class instruction and assessments.					
The school team has reviewed the guidelines for all accommodations in the LEAP 2025 Accommodations and Accessibilities Features User Guide and understands that some accommodations invalidate the assessment measure.					
School Test Coordinator Signature				Da	ate:
District Test Coordinator Signature				D	ate:

Last Updated: September 2023