



## Unique State Test Designated Supports Verification Form

A separate form for each unique state test designated support that is not included on the list of HSAP resources (see criterion no. 1 below) must be submitted and approved prior to its use for statewide testing.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ 10-digit Student ID: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_ School Code: \_\_\_\_\_

School Contact Person Name: \_\_\_\_\_

School Contact Tel No.: \_\_\_\_\_ School Contact Person E-mail: \_\_\_\_\_

Check each criterion that applies to this unique designated support request.

1. The designated support is unique if it is not listed in the following HSAP resources:
  - Smarter Balanced Usability, Accessibility, and Accommodations Guidelines (UAAG)
  - HSAP A Crosswalk of Accessibility Features Across State Assessments in Hawaii (CAF)
  - HSAP Test Administration Manuals for interim (if available) and summative assessments for the Alternate, Science (NGSS) and End-of-Course Exams, and Smarter Balanced Assessments
  - KĀ'EO Test Administration Manual - Some of the currently available Smarter Balanced state test designated supports may not be available for KĀ'EO Assessments. Contact the KĀ'EO Help Desk to confirm that the unique state test designated support being requested can be made available for KĀ'EO Assessments; upon confirmation, complete and submit this form to the Assessment Section with cc to the KĀ'EO Help Desk.
  - HSAP guidance brief(s)

2. Based on student's identified learning needs

3. Currently provided during classroom instruction

4. Agreed upon by teachers and/or staff members who provide instruction and/or services to the student

More detailed information about the student's need for unique designated supports may be requested by the Assessment Section if deemed necessary.

In the space below, describe this unique designated support and state the reason(s) the student needs it:



# Hawai'i Statewide Assessment Program



The principal and teachers who provide classroom instruction for the student must sign this form to verify that the student meets the criteria listed above for this unique designated support.

Print Name	Signature	Title
		Principal
		Teacher
		Teacher
<i>Assessment Section Use Only</i> Verified: Y or N Name and Date:		

Fax or email the completed form (and additional sheets as necessary) to the Assessment Section at (808) 733-4483 or [hsa@k12.hi.us](mailto:hsa@k12.hi.us).

The school Test Coordinator should retain the original form for documentation purposes.