



Additional Designated Supports or Accommodations

Verification of Student Need Form

A separate form for each additional designated support or accommodation that is not included in the list of Smarter Balanced universal tools, designated supports, and accommodations must be submitted and verified, if appropriate, by the Assessment Section prior to testing a student.

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 additional designated support or accommodation request.

- Based on student's identified learning needs
- Currently provided during classroom instruction
- Agreed upon by the staff members who provide services of the student
- Stated in the student's IEP or 504 Plan with agreement by team to request from the Assessment Section

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

In the space below, list the name of this additional designated support or accommodation (as documented in the IEP/504 Plan) and state the reason the student needs it:

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

Print Name	Signature	Title
		Principal
		Teacher
		Teacher

Assessment Section Use Only

Verified: Y or N
Name and Date:

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