

Appendix F: Use of an Emergency Accommodation on the NJSLA and NJGPA

Directions

This form is appropriate in cases where a student needs a new accommodation immediately prior to the assessment due to unforeseen circumstances. Cases could include students who have a recently-fractured limb (e.g., fingers, hand, arm, wrist, or shoulder); whose only pair of eyeglasses has broken; or a student returning from a serious or prolonged illness or injury. If the principal (or designee) determines that a student requires an emergency accommodation on the day of the NJSLA and NJGPA test, this form must be completed and maintained in the student’s assessment file. **The parent must be notified that an emergency accommodation was provided.** The District Test Coordinator is required to upload the completed form in PAN and send the support request number to the appropriate NJSLA or NJGPA state contact.

District Name:

Date (mm/dd/yy):

School Name:

Telephone Number:

Student Name:

Grade:

Student ID #:

Date of Birth (mm/dd/yy):

Name and Title of Person Completing this Form:

Staff Member’s Name:

Title/Position:

Reason for needing an emergency test accommodation (attach documentation if needed):

Describe what the testing accommodation will be:

Who will administer the accommodation?

Staff Member’s Name:

Title/Position:

Principal Signature:

Date (mm/dd/yy):

District Test Coordinator Signature

Date (mm/dd/yy):