

## 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 submit the completed form to the appropriate NJSLA and 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):** \_\_\_\_\_