



Student name: _____ Local ID: _____

ACCOMMODATION REQUEST FORM

DISTRICT INFORMATION

District Name: TYLER ISD Campus Name: _____

Name/Title of person making request: _____

Signature of person making request: _____

Phone Number: 903.262.1014 Fax Number: 903.262.1167

REQUEST

Assessment: TAKS* TAKS (Accommodated)* TAKS-M* TELPAS Reading, Gr. 2-12

Student's Grade: _____ Administration Date: _____

Subject(s): _____

Description of accommodation (*attach another sheet if necessary*):

Why does this student need this accommodation?

Does this student routinely receive this accommodation in classroom instructions?

Yes _____ No _____

Is this student receiving support/services through special education or Section 504 of the Rehabilitation Act of 1973?

Yes, Special Education _____ Yes, 504 _____ No _____

If yes, is this accommodation documented in the student's paperwork?

Yes _____ IEP (Special Ed.) IAP (504) LPAC Other No _____

District Coordinator signature: _____ Date: _____

Sent to TEA via: _____ on: _____ by (initials): _____

ACCOMMODATIONS TASK FORCE ACTION (for DISTRICT use only)

Approved/Denied by: _____ via: _____ date: _____

Indicate accommodation category _____ on the scorable document.

Comments:

Please send this form to the TISD Director of Assessment. All requests MUST be received by TEA one week prior to testing. For TELPAS reading tests, requests for a paper test booklet must be received by TEA at least two weeks prior to testing.

*Request must specify whether the accommodation is for LAT administrations.