

**Appendix E: Emergency Accommodation Form**

**This form is optional**

**Do not submit a copy of this form to the Ohio Department of Education**

**No state approval is required for emergency accommodations.**

**Directions:** This form may be used for cases in which a student needs a temporary accommodation due to unforeseen circumstances. Examples include students who have a recently fractured limb (e.g., fingers, hand, arm, wrist, or should), whose only pair of eyeglasses have been broken or lost, 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, this form should be completed and maintained in the student's file. It is recommended that the parent or guardian is notified that an emergency accommodation was provided. If appropriate, this form also may be submitted to the district testing coordinator to be retained in the student's central office file.

**Demographics**

District/LEA Name	
Date	
School Name	
Telephone	
Student Name	
Grade	
Student ID#	
Date of Birth (DOB)	

**Name and Title of Person Completing this Form:**

Staff Member's name	
Title/Position	

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

--

**Describe what the testing accommodation will be:**

--

**Who will administer the accommodation? (Complete Information on line Below)**

--

**Staff Member's Name Signature (Below)**

**Title/Position (Below)**

--	--

**Principal (or Designee Signature Below)**

**Date (Below)**

--	--