

## 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 shoulder), 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 may also be submitted to the district testing coordinator to be retained in the student's central office file.

<b>District/LEA Name:</b>	<b>Date:</b>
<b>School Name:</b>	<b>Telephone #:</b>
<b>Student Name:</b>	<b>Grade:</b>
<b>Student ID#:</b>	<b>DOB:</b>

**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 (or Designee) Signature*

\_\_\_\_\_

*Date*