

Section 504 Test Accommodation / Modification Form

Student's Name: _____ Date of IAP: _____

Student CIF: _____ MARSS #: _____ Age: _____

School: _____ Grade: _____ Date of Birth: _____

What is the student's disability? _____

What is the major life activity that is substantially limited? _____

Basic Standards Assessment

Will participate without accommodations or modifications

Will participate with accommodations listed:

Will participate with modifications listed:

(Modifications are not allowed first time in grade 8)

Alternate Assessment: state reason and when alternative will be: _____

Check the appropriate box to indicate the level the student will attempt.

| | State | Individual* | Alternate | Date Passed |
|---------|--------------------------|-------------|--------------------------|-------------|
| Reading | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Math | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Writing | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| Science | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

*If the modification is to alter the district's passing level, enter the test scored expected to be achieved.

MCA- II Assessment

Reading

Math

Science

Will participate without accommodations

Will participate with accommodations listed:

(Modifications are not allowed)

Alternate Assessment in

Reading

Math

Science

Functional (covers all content areas)

State reason and when alternative will be completed?

Building 504 Representative: _____ Date: _____