Students with disabilities may be provided allowable accommodations on FSA, FCAT, and NGSSS assessments. Florida’s Statewide Assessment Accommodations Guide provides information regarding allowable accommodations. You may access the guide at [this link](https://fsassessments.org/core/fileparse.php/3031/urlt/2020-2021_Sp-Su_FL_Accomm_Guide_Final_021221_508.pdf). Please complete this form if you are requesting accommodations for your home education student for an upcoming FSA, FCAT, or NGSSS assessment. Please return the form to Heather Bell, District Assessment Coordinator, via fax (813-794-2116) as soon as possible for approval.

Student Name:

Student Number:

Student Grade Level:

Parent/Guardian Phone Number and Email Address:

Please select which plan your child has:  Individual Education Plan ELL Plan  504 Plan

**Disability (as defined by Section 1003.01(3)(a), F.S., or subsection 6A-19.001(6), F.A.C.)**

**Please describe the student’s disability:**

**Accommodations**

**Please select all of the accommodation(s) categories your child is eligible for and describe the accommodations as listed on your child’s Individual Education Plan:**

|  |  |
| --- | --- |
| **Accommodation Category** | **Accommodation(s) listed on IEP, ELL or 504 Plan** |
| ☐ Flexible Presentation |  |
| ☐ Flexible Responding |  |
| ☐ Flexible Scheduling |  |
| ☐ Flexible Setting |  |
| ☐ Assistive Device(s) |  |
| ☐ Other |  |

Is the requested accommodation(s) used regularly in the classroom for the student? Y/N

In order to receive an accommodation, the student’s official current Individual Education Plan (IEP), English Language Learner (ELL) Plan, or Section 504 Plan must be included with this form. This information MUST be faxed to the Office for Accountability, Research, and Measurement at 813-794-2116 no later than two weeks prior to the test.

Parent/Guardian Signature (Required) Date