

Special Circumstances Request Form 4K and 5K Assessments

Student Name: _____ SUNS #: _____

District: _____ PowerSchool #: _____

School: _____ Test Date: _____

Name of assessment(s) for which request will apply:

Specific accommodation requested (tell how it will be used):

Reason for requesting accommodation (tell how it applies to routine instruction):

List of attached IEP/504 documentation (i.e., instructional and assessment supports)*:

***No request will be accepted without evidence of instructional and assessment alignment.**

School Representative (Signature)

Phone Number

School Representative Name (Print)

Fax Number

District Test Coordinator (Signature)

Phone Number

District Test Coordinator Name (Print)

Fax Number

Please fax this form and appropriate documentation to Dr. Meghan Walters in the Office of Assessment and Standards at **803-734-8886 at least two weeks prior to testing**. You will receive a response by fax, if applicable, within 5 business days.