

# Unique Accommodation Request Form

Instructions: If a student with a disability or an English learner requires an accommodation (i.e., a “unique accommodation”) that is not listed and does not change the construct being measured by the test, the school may request approval for use of the accommodation using this request form. If approved, the accommodation must be listed in the Individual Education Plan or 504 plan for a student with a disability; and an English Learner Plan, if used by the district.

To request approval for a unique accommodation, this form must be completed and submitted to the state by the district at least one month prior to testing to ensure a timely state response is received. A copy of this form must be kept in the student’s file and, if appropriate, retained at the district office.

*Once complete, upload to EdTools and email [tned.assessment@tn.gov](mailto:tned.assessment@tn.gov) to report the form's availability for review.*

## CONTACT INFORMATION for the person responsible for submitting the form.

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First Name

Last Name

District Name

School Name

City

ZIP Code

E-mail

Phone

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## ACCOMMODATION INFORMATION

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For which assessment are you seeking approval to use the unique accommodation?

Provide a brief description of the accommodation for which you are requesting approval.

Describe the evidence that supports the need for this accommodation, including how it is used by the student in the classroom and on other assessments.

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In submitting this form to the state for approval, the principal/designee or assessment coordinator assures that:

1. This accommodation will be documented in the student's IEP or 504 Plan. In the case of an IEP, the parent/guardian of the student must sign the amended IEP prior to testing.
  2. The school team has met and considered all listed accommodations before proposing this unique accommodation.
  3. The proposed accommodation is used, as appropriate, for routine class instruction and assessment.
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For State Use Only: Approval/Denial of Request (*This completed section will be returned to your school prior to testing*).

This request has been approved

This request has been denied

State Staff Name and Position

Date

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