

**ACCOMMODATION AND EXEMPTION FORM**  
**Primary English Language Arts Assessment**

Region			School		

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

English Language Arts:  Prescribed     Prescribed Modified     Alternate Course

Pre-requisite Program \_\_\_\_\_

FULL EXEMPTION	REQUIREMENT
<input type="checkbox"/> Alternate Functional Curriculum	A copy of the alternate curriculum must be on file at the school.
<input type="checkbox"/> Special Circumstances	Unusual circumstances such as illness, sudden bereavement, etc.
PARTIAL EXEMPTION	REQUIREMENT
<input type="checkbox"/> Exemption from Reading	Student is reading below Instructional Level L. (Reading Record on file).
<input type="checkbox"/> Exemption from Writing	Student is writing at a pre-grade 1 level (Writing Sample on file).
ACCOMODATIONS	REQUIREMENT
<input type="checkbox"/> Alternate Text Format	Accommodation is on file in Student's IEP or Record of Accommodations.
<input type="checkbox"/> Assistive Technology	
<input type="checkbox"/> Verbatim Scribing (Reading Sections Only)	
<input type="checkbox"/> Transcribing (Reading Sections Only)	
<input type="checkbox"/> Alternate Setting/Quiet Space	
<input type="checkbox"/> Supervised Breaks	

**AUTHORIZATION:** This form must be completed by the parent/guardian, teacher, and principal and placed in the student's cumulative file by May 1.

\_\_\_\_\_  
 Parents/Guardian Signature

\_\_\_\_\_  
 Teacher or Principal Signature

**OR:** A parent may give authorization/consent by email or phone conversation.

\_\_\_\_\_  
 Date of Consent

\_\_\_\_\_  
 Teacher or Principal Signature