

New England Common Assessment Program (NECAP)

October 2009 Administration

“Request for Special Consideration” Form Information

The following information is excerpted from “Maine Operational Procedures for NECAP Grades 3-8, October 2009 Administration” located at <http://www.maine.gov/education/lsalt/necap/admininfo.html>.

Student Conditions Requiring Special Considerations:

Special consideration may be available when a student’s long-term or emergency condition, physical or mental, prevents the student’s participation in the NECAP even with accommodations or through PAAP. Special consideration based on a student’s physical or mental condition may be available for students suffering from terminal illnesses or injuries or receiving extraordinary medical treatment for either a physical or psychiatric condition. Emergencies are unforeseen events or situations which may include, but are not limited to, death in a student’s immediate family, childbirth, accidents, injuries, detention by law enforcement, and hospitalizations.) The Maine Department of Education should be contacted for further instructions regarding procedure and documentation.

School principals may request special considerations for a student who meets one of the above criteria by completing the information at the top of the attached form, explaining why it is impossible for students to participate in the assessment, **including pertinent dates**, signing, and faxing the form, with additional pertinent information as necessary, to the Maine Department of Education at 207-624-6771. The deadline for receipt of the form is **October 22, 2009**.

A panel of Department of Education personnel will review the information provided and inform the school principal by telephone of the determination of this request. Written confirmation will follow.

Questions should be directed to: Susan Smith, MEA/NECAP Coordinator, Maine Department of Education, 23 State House Station, Augusta, Maine 04333-0023; susan.smith@maine.gov; 207-624-6775.

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Request for Special Consideration**

Secure and Confidential

For Office Use Only

DR _____ PA _____

CD _____

IN _____

DN _____

Please refer to the "Student Conditions Requiring Special Considerations" section of the "Maine Operational Procedures for NECAP Grades 3-8, October 2009 Administration" accompanying this form and at <http://www.maine.gov/education/lsalt/necap/admininfo.html> before completing the following.

Student Name _____ MEDMS ID Number _____

Grade _____ School _____ SAU _____

Does this student have an IEP? ___ No ___ Yes (Disability Code _____)

Does this student have a 504 Plan? ___ No ___ Yes

Principal _____ Phone # _____

This student is **unable** to participate in the following NECAP content area(s) – **please circle:**

All Reading Mathematics Writing Pilot Test (Gr. 5 and 8)

Please check the applicable box below and provide **complete information** concerning the condition or circumstances that prevent the student from participating in the NECAP either through standard administration, administration with accommodations, or alternate assessment. **Please include relevant dates and information on the student's physical/psychological condition.** A signed statement containing additional pertinent information may be attached as needed.

Long-Term Condition **Emergency Circumstance (include relevant dates)**

Reason for Request _____

Principal's Signature _____

NOTE: MDOE will accept the principal's signature only.

Fax completed form, under **CONFIDENTIAL COVER SHEET**, by October 22, 2009 to
Sandra McKechnie, Maine Department of Education, at FAX #207-624-6771.

Maine Department of Education – Updated 9/8/09