

MAINE DEPARTMENT OF EDUCATION PAPER MATERIALS REQUEST FORM ACCESS FOR ELLS ASSESSMENT

Please send this <u>via secure/confidential email</u> to <u>mechelle.ganglfinger@maine.gov</u>

REQUIRED INFORMATION			Request Date:						
Student Name			State Student ID #						
Grade			Tier (A, B/C)						
School Name			SAU Name						
Address									
Principal Name & Email		Ph	one/ex	ct.					
Director/Coordinator of Multilingual Programs Name & Email	al Programs								
Reason for Request for Paper Version of ACCESS for ELLs: □ IEP specifies instruction/assessment is paper-pencil (non-technological) □ 504 Plan specifies instruction/assessment is paper-pencil (non-technological) □ Other reason (please specify) Are you requesting a Braille form? Yes No									
Are you requesting any additional paper materials pertaining to student accommodations?									
Yes No If yes, please specify:									
Assurances by ESOL Coord	dinator/Administrator	Yes	No	Comment(s):					
Are the student/family aware that the student will be participating in the assessment in a paper-based format?									
Has the Special Education Director/case manager confirmed that the accommodation of paper-based assessment is included in the student's IEP?				Special Education Director Name:					
I certify that this student computer-based assess	cannot participate in sment, even with designated								

	supports and/or accommodations, during the test window.								
	4. I understand this student will no longer have the option of taking a computer-administered version of the test and the student will NOT have access to many of the accessibility features of the computer-administered version.								
l c	certify that the information contained within this request is complete and accurate.								
	ESOL Coordinator/Administrator Signature			Date					

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