



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

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

REQUIRED INFORMATION

Request Date:	
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Student Name		State Student ID #	
Grade		Tier (A, B/C)	
School Name		SAU Name	
Address			
Principal Name & Email		Phone/ext.	
Director/Coordinator of Multilingual Programs Name & Email			

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
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Are you requesting any additional paper materials pertaining to student accommodations?

Yes	No
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If yes, please specify:

Assurances by ESOL Coordinator/Administrator	Yes	No	Comment(s):
1. Are the student/family aware that the student will be participating in the assessment in a paper-based format?			
2. 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:
3. I certify that this student cannot participate in computer-based assessment , 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.			

I certify that the information contained within this request is complete and accurate.

ESOL Coordinator/Administrator Signature

____/____/____
Date

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