**Maine Department of Education**

**PAPER VERSION REQUEST form**

**2020 – 2021 *ACCESS for ELLs* assessment**

|  |  |
| --- | --- |
| **Request Date:** |  |

**REQUIRED Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **State Student ID #** |  |
| **Grade** |  | **School Name & Code** |  | **SAU Name & Code** |  |
| **Address** |  |
| **Principal Name** |  | **Phone/ext.** |  |
| **Principal Email** |  |

**Reason for Request for Paper Version of MEA Mathematics and ELA/Literacy Assessment**

**🞏 IEP specifies instruction/assessment is paper-pencil (non-technological)**

**🞏 504 Plan specifies instruction/assessment is paper-pencil (non-technological)**

**🞏 Other reason (please specify)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assurances by principal:** | **Yes** | **No** | **Comment(s):** |
| 1. Did a **team convene** to discuss this request?
 |  |  |  |
| 1. Does the **student/parent agree** with this request?
 |  |  |  |
| 1. I certify that this student **cannot participate in computer-based assessment**, even with designated supports and/or accommodations, during the test window.
 |  |  |  |
| 1. 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.

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 Principal’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send this via secure/confidential email to** **jodi.bossio-smith@maine.gov**

**Approval Decision:
🞏 Paper-pencil approved
🞏 Paper-pencil denied (Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**DOE Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**