** Maine Department of Education**

**PAPER Materials REQUEST form**

**2021 – 2022 *ACCESS for ELLs* assessment**

**Please send this via secure/confidential email to** [**jodi.bossio-smith@maine.gov**](mailto:jodi.bossio-smith@maine.gov)

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

**REQUIRED Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** |  | | | | | **State Student ID #** |  | |
| **Grade** |  | **Tier**  **(A, B/C)** |  | **School Name** |  | | **SAU Name** |  |
| **Address** |  | | | | | | | |
| **Principal Name & Email** |  | | | | | | **Phone/ext.** |  |
| **EL Coordinator Name & Email** | |  | | | | | | |

**Reason for Request for Paper Version of ACCESS for ELLs:**

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

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

**o Other reason (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| Yes | No |

**Are you requesting a Braille form?**

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

|  |  |
| --- | --- |
| Yes | No |

**If yes, please specify:**

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| **Assurances by Principal/EL Coordinator** | **Yes** | **No** | **Comment(s):** |
| 1. Are the student/family aware that the student will be participating in the assessment in a paper-based format? |  |  |  |
| 1. Have 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:** |
| 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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EL Coordinator/Assessment Coordinator Signature Date

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| --- |
| \*\*\*DOE USE ONLY\*\*\*  **Approval Decision: o Paper-pencil approved o Paper-pencil denied**  **Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DOE Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |