



## Student Testing Accommodations

Student Name: \_\_\_\_\_ (Date of Exam)

Teacher: \_\_\_\_\_

Location: \_\_\_\_\_

Time Started: \_\_\_\_\_ Time Finished: \_\_\_\_\_

In accordance with my IEP, I have been offered the following test accommodations:

\_\_\_\_\_

☐ I declined some/all accommodations.

Please explain:

\_\_\_\_\_

Phone call made to parent/guardian if appropriate: \_\_\_\_\_  
Date Time

\_\_\_\_\_  
Student Signature Date Proctor Witness