

# 2019 KEYSTONE/PSSA UNIQUE ACCOMMODATION REQUEST

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Some students may require the use of a unique accommodation to access the Keystone and/or PSSA test(s). As stated in the Accommodations Guidelines, this accommodation is intended for those students with a severe disability that precludes them from accessing and responding to instructional and assessment materials through typical means, such as the hard copy test booklet or typical calculator.

Members of the Bureau of Curriculum, Assessment, and Instruction and the Bureau of Special Education will review the requests and notify the district of the results.

Requests must be made no later than **8 WEEKS** prior to the start of the testing window to allow for review and response to the school district.

Documentation in student's file must be available for possible Keystone/PSSA administration monitoring.

District Name:

School Name:

Student PA Secure ID:

Student Grade:

Name/Title of Person Completing Request:

Phone Number:

Email Address:

1. Does the student receive special education services through IDEA?  
YES                      NO
2. Does the student receive services through Section 504 of Rehabilitation Act of 1973?  
YES                      NO
3. Does the student receive request accommodation regularly in classroom instruction?  
YES                      NO
4. Is this accommodation documented in the student's IEP or 504 Plan?  
YES                      NO

If yes, attach copy of IEP including Present Levels, SDI, & Part IV or the accommodations page of 504 Plan. **Delete student's name; include Pa Secure ID.**

This accommodation is needed for the following test(s):

PSSA ELA

PSSA Mathematics

PSSA Science

Keystone Literature

Keystone Algebra I

Keystone Biology

Description of the unique accommodation currently used **if different than requested accommodation** (attach another sheet if necessary):

Description of requested accommodation and **why** this student needs this accommodation; include **which Keystone or PSSA test(s)** require this accommodation (attach another sheet if necessary):

District Special Education Coordinator Signature (Required):

District Assessment Coordinator Signature (Required):

Date of Request:

**Please send all requests to:**

Diane Simaska

Basic Education Associate 2

Pennsylvania Department of Education

333 Market Street, 5<sup>th</sup> Floor

Division of Assessment and Accountability

Harrisburg, PA 17126-0333

Phone: 717-787-4234

Email: [ra-accommodations@pa.gov](mailto:ra-accommodations@pa.gov)

PDE Use Only:

Approved

Disapproved

Date: