

**KENTUCKY STATE ASSESSMENT  
ACCOMMODATIONS AND MODIFICATIONS  
VERIFICATION FORM**

**SCHOOL:** \_\_\_\_\_ **SCHOOL YEAR:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

Name of Test Administrator providing accommodation or modifications during KSA:

\_\_\_\_\_

Test Administrator providing accommodation or modification received copy of student IEP or 504:

Signature of Teacher: \_\_\_\_\_

| Subject | Special Education Teacher | Regular Education Teacher | IEP or 514 Accommodation or Modification | <b>Please Initial:</b><br>Regular Education Teacher received copy of IEP or 504 plan | <b>Signature of Teacher</b> that provided Accommodation or Modification during regular classroom instruction all year. |
|---------|---------------------------|---------------------------|--|--|--|
|         |                           |                           |  |  |  |
|         |                           |                           |  |  |  |
|         |                           |                           |  |  |  |
|         |                           |                           |  |  |  |
|         |                           |                           |  |  |  |
|         |                           |                           |  |  |  |
|         |                           |                           |  |  |  |

The original of this form should be kept in the student's IEP or 504 folder, a copy given to the Test Administrator and one copy kept on file with the Principal or BAC.