

Testing Center – assessment / test / quiz

Application – IEP / 504

Date of request:

Please submit request 48 hours before class

If possible attach the assessment to this application – There should be one for each of the students needing the modifications. Staff in the testing center will have the necessary accommodations on file. Please submit this to the High School office. This form may be submitted electronically.

Teacher :

Class/course:

Date(s):

Period:

Students:

->

Are there any special requests?

Signature of Teacher requesting approval for use of the testing center

Approved by Building Principal

This should be routed to the testing center after approval.