PARCC
Partnership for Assessment of Readiness for College and Careers

Appendix G: Use of an Emergency Accommodation on a PARCC Assessment

Directions: This form is appropriate in cases where a student needs a new accommodation immediately prior to the assessment due to unforeseen circumstances. Cases could include students who have a recently-fractured limb (e.g., fingers, hand, arm, wrist, or shoulder); whose only pair of eyeglasses has broken; or a student returning from a serious or prolonged illness or injury. If the principal (or designee) determines that a student requires an emergency accommodation on the day of the PARCC test, this form must be completed and maintained in the student's assessment file. **The parent must be notified that an emergency accommodation was provided.** No state approval is required for emergency accommodations. **Please consult with your local district office for approval if required by your PARCC member state.** If appropriate, this form may also be submitted to the district assessment coordinator to be retained in the student's central office file.

District/LEA Name:	Date :
School Name:	Telephone #:
Student Name:	Grade:
Student ID#:	DOB:

Name and Title of Person Completing this Form:

_____ _____
Staff Member's Name *Title/Position*

Reason for needing an emergency test accommodation *(attach documentation if needed):*
_____
_____
_____
_____

Describe what the testing accommodation will be:
_____
_____
_____

Who will administer the accommodation? _____

_____ _____
Staff Member's Name *Title/Position*

_____ _____
Principal Signature *Date*

_____ _____
Local Accountability Coordinator Signature *Date*
(if appropriate or required)