

FORM A

POUGHKEEPSIE CITY SCHOOL DISTRICT

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Director

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CSE/CPSE Chairperson

DECLASSIFICATION IEP TEST ACCOMMODATIONS NOTIFICATION

Students Name _____ **Grade** _____

- Accommodations**
- Tests Read – Test Passages, Questions, Items and Multiple Choice Responses Read to the Student.
 - Extended Time Flexible Time
 - Directions Read Flexible Setting
 - Additional Paper

Name of Psychologist Case Manager _____

This student will need to be provided with these accommodations in all testing circumstances and considered by the IST annually to be allowed to continue with test accommodations in subsequent years. Please maintain evidence that documents that this student used the aforementioned accommodations to be considered by the IST.

Teacher Signature _____

My signature acknowledges that I have been informed of the aforementioned students 504 Plan and requirement that I access this form through the IEP Direct web based student-monitoring system. I have been provided with an access code and password.

This form must be signed and returned to Psychologist Case Manager.