

# FORM B

## POUGHKEEPSIE CITY SCHOOL DISTRICT

Special Education 160 Union St., Poughkeepsie, N.Y. 12601 (845) 437-3473 FAX (845) 437-3477  
Family and Student Support Services 11 College Avenue, Poughkeepsie, N.Y. 12603 (845) 451-4900 FAX (845) 451-4738

**Lynne Pampel, Ed.D.**  
Assistant Superintendent

**Vanessa Giudice-Weeks, M.S.**  
Director

**Lisa M. Thompson, M.S.**  
CSE/CPSE Chairperson

### DECLASSIFICATION TEST ACCOMMODATIONS IST REVIEW

**To be distributed by the IST Chairperson to all content teachers  
Instruction declassified students previously eligible for test accommodations  
to determine continued eligibility.**

**IST Chairperson completes the following information and disseminates:**

**Students Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Receiving Content Area Teacher must complete the following:**

The aforementioned student routinely uses and requires the Test Accommodations checked below. I will be attending the IST Meeting with evidence that these accommodations are necessary and routinely used by this student.

- 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

This student will need to be and is routinely 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.

Please return this completed for to the IST Chairperson.