

Request Status:

By:

Date:

1.0 Student Information

Student ID: *

Student Name:

Student Grade:

Alternate Assessment (Y/N):

2.0 Enrollment Information

2.1 Responsible SAU:

Superintendent:

Primary

Concurrent

2.2 Attending SAU:

Attending School:

School Mailing Address:

2.3 Primary Contact Name:

Contact Title:

Contact Email:

Contact Phone:

3.0 Assessment

Check one *

Multi-State Alternate Assessment [MSAA] – Mathematics ONLY- Grades 3-8 and 3rd year HS (03/15/2021 - 05/14/2021)

Multi-State Alternate Assessment [MSAA] – ELA/Literacy ONLY-Grades 3-8 and 3rd year HS (03/15/2021 - 05/14/2021)

Multi-State Alternate Assessment [MSAA] – ELA/Literacy and Mathematics - Grades 3-8 and 3rd year HS (03/15/2021 - 05/14/2021)

Science Alternate Assessment [SAA] – Grades 5, 8 and 3rd year high school (03/15/2021 - 05/14/2021)

NWEA Mathematics & ELA/Literacy – Grades 3-8 & 3rd year HS (Spring) (03/01/2021 - 06/11/2021)

NWEA Mathematics ONLY – Grades 3-8 & 3rd year HS (Spring) (03/01/2021 - 06/11/2021)

NWEA ELA/Literacy ONLY – Grades 3-8 & 3rd year HS (Spring) (03/01/2021 - 06/11/2021)

4.0 Reason

SIGNIFICANT MEDICAL EMERGENCY ?

[COVID/QUARANTINE](#) ?

5.0 Assurance by Principal

Provide Answer to each Question *

Did a team convene to discuss this request? Yes No

Does the student agree with this request? Yes No

Is the parent aware of the request and agreed to share relevant information with the Maine DOE Special Consideration Review Team as needed? Yes No

I certify that this student cannot participate in INSTRUCTION, even with accommodations, during the assessment window.(applicable to Medical Emergency only) Yes No

I certify that this student cannot participate in this ASSESSMENT, even with accommodations, during the assessment window. Yes No

6.0 Justification *

File #1: [Choose File](#) no file selected

File #2: [Choose File](#) no file selected

File #3: [Choose File](#) no file selected

File #4: [Choose File](#) no file selected

7.0 Requesting SAU Certification

[Go Back and Submit to Analytic Site](#)

8.0 Responsible SAU Authorization

*****Not Applicable*****

9.0 DOE Status Determination

Determination:

By:

DOE Status Date:

10.0 Comments