

TESTING WITH ACCOMMODATIONS

READING COMPREHENSION PORTION - ECAA

To request accommodations, please submit:

1. This Testing with Accommodations Form, 2. Current and Complete Documentation (which may take the form of a Full Psycho-educational Evaluation, IEP, or 504 plan completed within 3 years of this request) and 3. A signed statement from the student's current school, to:

Educational Records Bureau
220 East 42nd Street, Suite 100
New York, NY 10017

or

Fax: 212.370.4096

This form and all supporting documentation must be **submitted together**. Please allow up to **4 weeks** for review of application and notification of approval.

You will be contacted for scheduling following the review of your application.

REGISTRATION INFORMATION

Student's Last Name: _____ First Name: _____

Birth date: _____ Current Grade: _____

Grade Applying for: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____

PARENT AGREEMENT

I wish to apply for accommodations on the Reading Comprehension Portion of the ECAA. I agree to give ERB permission to view the documentation that is submitted with this application for testing accommodations.

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Date: _____

ACCOMODATIONS REQUESTED

- Extended Time
- Circle in Test Booklet
- Other Accommodations Used in the School _____

For Office Use Only

Approval Status:

Date:

