

Additional Materials Request Form

Testing Window (Select One From Below)

- October 21-November 1
 January 27-February 7
 April 6-May 1

DTC Name: _____ Date: _____

School System Name: _____

School Site Code: _____ Phone No: _____

School Name: _____

Email completed forms to: assessment@la.gov

Quantity listed should equal to the number of students for whom the materials are needed.

Quantity **Communications Assistance Scripts**

- _____ Grade 7: *Written in Bone*
 _____ Grade 7: *The Giver*
 _____ Grade 7: *Christmas Carol*
 _____ Grade 7: *Memoir*

Quantity **Braille Test Packets**

- _____ Grade 7: *Written in Bone*
 _____ Grade 7: *The Giver*
 _____ Grade 7: *Christmas Carol*
 _____ Grade 7: *Memoir*

Quantity **Accommodated Standard Print**

- _____ Grade 7: *Written in Bone*
 _____ Grade 7: *The Giver*
 _____ Grade 7: *Christmas Carol*
 _____ Grade 7: *Memoir*