

Instructions: If a student with a disability or an English learner requires an accommodation that is **not listed as an option on IEP, IAP, or EL Checklist and does not change the construct being measured by the test**, the school may request approval for use of the unique accommodation using this request form. **The unique accommodation must be listed in both the Classroom Accommodation and Unique Accommodation sections on the IEP, IAP, or EL Checklist.** Please refer to the LEAP 2025 Accommodations and Accessibility User Guide for guidance on the use of appropriate accommodations.

To request approval for a unique accommodation, **this form must be completed by the School Test Coordinator and submitted by the District Test Coordinator to assessment@la.gov at least four weeks prior** to testing to ensure a timely state response is received. A copy of this form must be kept in the student’s records and, if appropriate, retained at the district office.

Contact information for educator requesting unique accommodation(s) on behalf of the student			
Name:		Date:	
School Name:		Phone Number:	
District/LEA Name:		Email:	
Student Information			
First Name (<i>1st letter only</i>):			
Student’s Last Name (<i>1st three letters only</i>):			
Day of Birth:	Grade:	First/Native Language:	10 Digit LA Secure ID#:
Unique Accommodation for Assessment Administration			
LEAP 2025 (grades 3-8) IAP Math Testlets <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies		LEAP 2025 <input type="checkbox"/> Eng. I <input type="checkbox"/> Eng. II <input type="checkbox"/> Alg. I <input type="checkbox"/> Geometry <input type="checkbox"/> Biology <input type="checkbox"/> US History	
<input type="checkbox"/> Other-Specify: _____			
Brief Description of the Requested Accommodation:			
Evidence to Support the Need and how it is routinely used by the student in the classroom and on other assessments:			
Describe Planning Needed (<i>e.g., school staff, space, and/or specialized tools or equipment</i>):			
In submitting this form to LDOE for approval, the designee assures the following: This accommodation is documented in the student’s: <input type="checkbox"/> IEP <input type="checkbox"/> IAP <input type="checkbox"/> EL Checklist <input type="checkbox"/> The school team has met and considered all listed accommodations before proposing this unique accommodation. <input type="checkbox"/> The proposed accommodation is used, as appropriate, for routine class instruction and assessments.			
Approval/Denial of Request: LDOE Use Only			
<input type="checkbox"/> This request has been approved. <input type="checkbox"/> This request has been denied for the following reason: <input type="checkbox"/> not documented on the IEP, IAP, or EL Checklist <input type="checkbox"/> not unique <input type="checkbox"/> accessible to all <input type="checkbox"/> not related to student’s disability <input type="checkbox"/> other: _____			
LDOE Staff Name: _____			
LDOE Staff Signature: _____ Date: _____			