



# Testing Accommodation Appeal Form



Idaho State Department of Education  
Assessment Division  
650 West State St.  
Boise, Idaho 83720  
Phone: 208-332-6976  
Fax: 208-334-2228  
<http://www.sde.idaho.gov/site/assessment/>

This form should be filled out in its entirety should a parent, guardian or adult student wish to appeal the existing recommended testing accommodations for any required state assessment. Following the receipt of all necessary documentation, Idaho State Department of Education staff will carefully review the case and within 30 calendar days contact the person filing the appeal with results.

### Contact Information of person filing appeal:

Name:	<input type="text"/>	Date:	<input type="text"/>
Address:	<input type="text"/>		
Contact Number:	<input type="text"/>		
E-mail Address:	<input type="text"/>		
Relationship to student:	<input type="text"/>		

### Student Information:

Student Name:	<input type="text"/>		
Education Unique ID:	<input type="text"/>		
District Name:	<input type="text"/>	District Number:	<input type="text"/>
School Name:	<input type="text"/>	School Number:	<input type="text"/>

**Student Disability: (Attach additional sheets as needed)**

**Describe below the reason for the appeal and the desired outcome(s), including the addition of new accommodations or the discontinuation of existing accommodations. (Attach additional sheets as needed)**

**Please attach a complete copy of the student's current IEP, 504, or ELP plan**

Completed forms must be mailed along with any accompanying documentation to the address on the top right of this form.