Sample Student Accommodation Refusal Form

This form is optional and for local use, only. Do not submit to the New York State Education Department. This form may be modified and duplicated for local use.

Directions: Complete this form in the event that a student refuses a testing accommodation(s) during testing. This form may be retained and filed in accordance with local policy.

Student’s Name: _______________________________ Grade: ________

School Name: ____________________________________________

School District: __________________________________________

Assessment: ___________________________ Date of Assessment: ______________

Teacher/Test Administrator: ______________________________________

Accommodation(s) Refused:
____________________________________________________________________
____________________________________________________________________

Reason for Refusal:
____________________________________________________________________
____________________________________________________________________

Additional Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature of Teacher/Test Administrator: _____________________________

Date: ______________