

Wisconsin Forward Exam Request for Listening Script Accommodation



The listening script accommodation is provided in rare instances for test administrators (TAs) working with students who are deaf or hard of hearing that are unable to access the ELA Session 2 listening presentations via the embedded audio, closed captioning, or video sign language.

This accommodation would be for a student who needs the TA to read the listening passages aloud to the student, allowing the student to view the TA's face so the student may lip read. The decision to allow this accommodation must be based on each individual student's need and documented in a student's IEP or 504 Plan.

This request must be approved by DPI prior to use during the Wisconsin Forward Exam. DPI staff will review the request and if approved, activate the process.

INSTRUCTIONS:

Please submit requests for accommodation review **at least two weeks prior to the start of the testing**. Questions may be directed to (608) 267-1072.

1. Download and save the form to your device.
2. Complete the form electronically and save.
3. Email saved form to DPI's Office of Educational Accountability at osamail@dpi.wi.gov.

GENERAL INFORMATION

Date of Request:	Grade Level of Student:
District:	School:
Staff Contact Person:	Telephone: Ext.
E-mail Address:	Fax:

PROPOSED ACCOMMODATION

Proposed Accommodation for Student:

With a disability on an IEP

English Learner (level 1-5)

With a disability on a 504 plan

Date of Planned Administration of ELA Listening Session:

Rationale for the listening script accommodation (Please be specific regarding **why** this student needs this particular accommodation in order to access the assessment vs. closed captioning or video sign language.):

Additional space for rationale if needed.

	DPI DECISION - For DPI Use Only	
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Approved for use with the Forward Exam. Please be sure to “check” the accommodation in the DRC INSIGHT Portal for this student prior to the start of the ELA assessment.

Not Approved for use with the Forward Exam.

Reason:

DPI Authorized Signature:	Date:
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