

# School Accommodation Letter Template

(PLEASE PRINT OR DUPLICATE ON SCHOOL STATIONERY)

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Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

This letter must accompany a CHSPE Accommodation Request Form and be received by the the regular registration deadline.

Attention: CHSPE Testing Director

The examinee listed above is regularly provided the following accommodations in the classroom during instruction and/or testing:

- Testing in a small group
- Use of noise buffers or headphones (brought by the examinee) to minimize distraction
- Sign language interpreter to present directions (does not apply to test questions)
- Use of audio amplification or visual magnification equipment (brought by examinee)
- Use of colored overlay, mask, or other means (brought by examinee) to maintain visual attention
- Extended time (up to 5 hours and 15 minutes)
- Double time (up to 7 hours)
- Frequent supervised breaks (for English learners only) (all others must support request with IEP or Section 504 Plan)
- Use of an English-to-primary language and/or primary language-to-English translation glossary or work list (brought by the examinee) that does not include definitions or formulas (only available to English learners)

To be completed by a high school principal, director, vice principal, counselor, school psychologist, site administrator identified on a Private School Affidavit (R-4) or statement in lieu of the Affidavit filed with the California Department of Education.

I hereby verify that the student listed above is regularly provided the above \_\_\_\_ (insert number of boxes checked above) accommodations in the classroom during instruction and/or testing. I have affixed the official school seal on this letter.

School Official Name: \_\_\_\_\_  
(please print)

Position:

- Principal
- Director
- Vice Principal
- Counselor
- School Psychologist
- Site Administrator on Private School Affidavit (R-4) or statement in lieu

School Name: \_\_\_\_\_

School Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ or Email \_\_\_\_\_

School CDS code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ or enclose copy of R-4 or statement in lieu

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_