



**MAINE DEPARTMENT OF EDUCATION  
PAPER MATERIALS REQUEST FORM  
ACCESS FOR ELLS ASSESSMENT**

Please send this via secure/confidential email to [jodi.bossio-smith@maine.gov](mailto:jodi.bossio-smith@maine.gov)

**REQUIRED INFORMATION**

|               |  |
|---------------|--|
| Request Date: |  |
|---------------|--|

|  |  |                      |  |                    |                           |                   |  |
|--|--|----------------------|--|--------------------|---------------------------|-------------------|--|
| <b>Student Name</b>                                    |  |                      |  |                    | <b>State Student ID #</b> |                   |  |
| <b>Grade</b>   |  | <b>Tier (A, B/C)</b> |  | <b>School Name</b> |                           | <b>SAU Name</b>   |  |
| <b>Address</b>   |  |                      |  |                    |                           |                   |  |
| <b>Principal Name &amp; Email</b>                      |  |                      |  |                    |                           | <b>Phone/ext.</b> |  |
| <b>ESOL Coordinator/Administrator Name &amp; Email</b> |  |                      |  |                    |                           |                   |  |

**Reason for Request for Paper Version of ACCESS for ELLs:**

- IEP specifies instruction/assessment is paper-pencil (non-technological)
- 504 Plan specifies instruction/assessment is paper-pencil (non-technological)

Other reason (please specify) \_\_\_\_\_

Are you requesting a Braille form? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Are you requesting any additional paper materials pertaining to student accommodations?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If yes, please specify:

\_\_\_\_\_

| Assurances by ESOL Coordinator/Administrator  | Yes | No | Comment(s):                             |
|---|-----|----|---|
| 1. Are the student/family aware that the student will be participating in the assessment in a paper-based format?   |     |    |   |
| 2. Has the <b>Special Education Director/case manager</b> confirmed that the accommodation of paper-based assessment is included in the student's IEP?                |     |    | <b>Special Education Director Name:</b> |
| 3. I certify that this student <b>cannot participate in computer-based assessment</b> , even with designated supports and/or accommodations, during the test window.  |     |    |   |
| 4. I understand this student will no longer have the option of taking a computer-administered version of the test and the student will NOT have access to many of the |     |    |   |

|  |  |  |  |
|--|--|--|--|
| accessibility features of the computer-administered version. |  |  |  |
|--|--|--|--|

I certify that the information contained within this request is complete and accurate.

\_\_\_\_\_  
ESOL Coordinator/Administrator Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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