



Testing With Accommodations

- Complete and collect the following forms and documentation:
 - This Testing with Accommodations form.
 - Current and complete supporting documentation (completed within 3 years of this request), which may take the form of a Full Psycho-Educational Evaluation, IEP, or 504 Plan.
 - A signed statement from your student's school briefly outlining the accommodations he or she currently receives in school.
- Submit the forms and supporting documentation listed above to ERB. Please allow up to **4 weeks** for ERB to review your request for accommodations. **All documents must be submitted together.**

Mail to:
 ERB 470 Park Ave South
 2nd Floor, South Tower
 New York, NY 10016

Email to:
 ecaaaccommodations@erblearn.org

Fax to:
 (212) 370-4096

- ERB will contact you to schedule your student's ECAA appointment once your accommodations request is approved. **Do not schedule your appointment prior to receiving approval. Doing so may require rescheduling and incur the associated rescheduling fee.**

REGISTRATION INFORMATION

Student's Last Name: _____ First Name: _____
 Birth Date: _____ Current Grade: _____ Grade Applying for: _____
 Street Address: _____
 City, State, Zip: _____
 Home Phone: _____ Office Phone: _____
 Cell Phone: _____ Email: _____

PARENT AGREEMENT

I wish to apply for accommodations. I agree to give ERB permission to view the documentation that is submitted with this application for testing accommodations.

Parent or Guardian's Name: _____
 Parent or Guardian's Signature: _____
 Date: _____

ACCOMMODATIONS REQUESTED

Please list the specific accommodations your student receives in school for standardized testing that you wish to utilize for ECAA testing:

For Office Use Only:

Approval Status: _____ Date: _____