

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DISTRICT/SCHOOL OPERATIONS, OFFICE OF ADULT AND COMMUNITY EDUCATION**

UNABLE TO TEST/MODIFICATION OF ASSESSMENT

Name of Student _____ Date: _____
Student ID _____
School _____ Program _____

Please check one:

- Unable to test on state- and/or district-approved assessment instruments, i.e., CASAS, or TABE. (Please state reason, including accommodations and modifications needed, and attach documentation of disability.)

Reason:

Will the student be able to participate in the assessment process at a later date? _____
Approximate date _____

If yes, list those reasonable accommodations and/or modifications that will be needed.

- 504 PLAN or AIEP - on File prior to enrollment

Signatures:

Counselor or Test Chairperson Date Principal or Designee Date