



2011-2012 Extenuating Circumstance Form WAAS-Portfolio

PLACE THE APPROVED FORM IN THE FRONT OF THE STUDENT'S PORTFOLIO.

Student Information

FIRST NAME, MI, LAST NAME

SSID (from CEDARS)

GRADE LEVEL
(from CEDARS)

SCHOOL
DISTRICT

DESCRIPTION OF SITUATION and REQUESTED ACTION

**ALL INFORMATION AND SIGNATURES
ARE REQUIRED**

TEACHER SIGNATURE (Required)

DATE Signed (Required)

TEACHER NAME (PRINT) (Required)

PHONE NUMBER

I have reviewed, and I support the teacher's request:

SPECIAL EDUCATION DIRECTOR SIGNATURE (Required)

DATE Reviewed/Signed

SPECIAL EDUCATION DIRECTOR NAME (PRINT) (Required)

PHONE NUMBER (Required)

I have reviewed, and I support the teacher's request:

DISTRICT ASSESSMENT COORDINATOR SIGNATURE (Required)

DATE Reviewed/Signed

DISTRICT ASSESSMENT COORDINATOR NAME (PRINT) (Required)

PHONE NUMBER (Required)

EMAIL ADDRESS (PRINT) (Required)

FAX NUMBER (Required)

Submit this form if extenuating circumstances led to missed requirements for the WAAS-Portfolio.

This form must be approved **BEFORE portfolios are shipped and must be included in the front of the binder for scoring.**

DACs, please fax the completed form to **(360) 725-0424**. After approval, the form will be faxed back to the DAC, for placement in the front of student's WAAS-Portfolio.

OSPI USE ONLY

APPROVED DENIED _____ SPECIALIST _____ ALTERNATE ASSESSMENT