



Special Unavoidable Circumstances Appeal Application

This form is to be used by or on behalf of a 12th grade student who has:

- (1) Experienced a special, unavoidable situation that has precluded the student during his or her 12th grade year,* from successfully demonstrating his or her skills and knowledge on one of the approved state assessments intended to meet the state's graduation requirements.

The guidelines established for the application under this criteria are detailed in the 600 series of WAC 392-501, *Appeal Process for Students with Special, Unavoidable Circumstances*. Guidelines can be accessed through the following link: <http://www.k12.wa.us/assessment/appeals.aspx>.

- (2) Transferred to a Washington public school from an in-state private school or home-school arrangement for the **student's 12th grade year** and is seeking immediate access to the state's approved alternative assessments.

The guidelines established for the application under this criteria are detailed in [WAC 392-501-510](#), *Access to Alternative Assessment*. Guidelines can be accessed through the following link: <http://www.k12.wa.us/assessment/appeals.aspx>.

*Exception: A 12th grade student who missed a mathematics assessment during his or her 11th or 12th grade year.

Eligibility Requirements: A student must be currently enrolled in the 12th grade and:

- (1) Meet one of the special circumstance conditions listed in [WAC 392-501-601](#) that has precluded the opportunity for the student to demonstrate the necessary skills on, (a) the Washington Assessment of Student Learning (WASL), (b) on an approved objective alternative assessment authorized in [RCW 28A.655.061](#) or [28A.655.065](#) (CAA Options), or (c) on an approved alternate assessment available to students eligible for special education services.

-OR-

- (2) Be a former in-state private school or home-school student who has transferred to a Washington public school for his or her 12th grade year, who meets the criteria in [WAC 392-501-510](#).

Required Documents: The following documentation is required for applications to be processed for evaluation:

- (1) Special, unavoidable circumstance - a) a copy of score reports from all other standardized assessments taken by the student, b) a copy of the student's transcript, and c) all supporting documentation detailing the circumstances of the appeal (i.e., medical conditions report). A list of suggested supporting documents are included on the last page of this form.
- (2) In-state transferee – a) Supporting documentation detailing the circumstances associated with the student's transfer and subsequent testing hardship, and when available, b) a copy of the pertinent score report for the alternative assessment being accessed for meeting graduation requirements.

Procedures: The student (or student's parent or guardian, in the case where the student is still a legal minor), and the principal (or designee) must complete the included form and submit through the district assessment coordinator all applicable documentation referenced above. Appeal applications may be mailed to the address at the top of this form (Attention: Special Circumstances Appeal) or faxed to (360) 725-0424.

An affidavit from the school principal (or assistant principal) must accompany the application affirming the enclosed information is accurate to the best of his or her knowledge for the agency to process the application. Further, an affidavit from the district assessment coordinator affirming review and completeness of the application must also be recorded for the agency to process.

Application Deadlines: Deadlines for filing applications are May 1 or October 1 of each calendar year. The filing periods for appeal applications are March 1 through May 1 and August 15 through October 1, respectively.

To be completed by the STUDENT or PARENT/GUARDIAN (please print)

A. Student Information

| | | |
|---|---------------|-------------------------------|
| FIRST NAME | MI | LAST |
| ADDRESS (STREET/PO BOX) | CITY | STATE ZIP |
| SSID (10 DIGITS) FOUND ON WASL SCORE REPORT | SCHOOL | SCHOOL DISTRICT |
| TELEPHONE # | DATE OF BIRTH | E-MAIL ADDRESS (If Available) |

B. Content Area

Content Area: Mathematics Reading Writing

C1. Circumstance Details (Eligibility Criteria In WAC 392-501-600)

Circumstance: {check pertinent blocks}

Student unable to take/complete test due to...

- Death of Immediate Family Member
(parent/guardian, sibling, grandparent)
- Unexpected/Severe Medical Condition/Illness
- Other Unavoidable Event
- Administration Irregularity
- Lost/Missing Test Materials

Failure to receive prescribed accommodation...

- 504 (provide specifics of plan)
- ELL (provide details of prescribed service)
- IEP (provide specifics of plan)
- Transferred into WA School after March 1 of 12TH grade year
- Other

C2. Circumstance Details (Eligibility Criteria In WAC 392-501-510)

- Direct Access to CAA Options for Grade 12 In-State Transfer (private- or home-school)

Description of Circumstance: Please give explicit details on why student couldn't sit for WASL during 12th grade year.

D. STUDENT's (or PARENT's/GUARDIAN's) Signature (Please Print or Type)

I certify the attached documents include the educational records and details of the specific appeal circumstance of _____
(Student's Name). The information contained within these documents is, to the best of my knowledge, accurate and representative of _____'s specific situation.
(Student's Name)

With my signature I also grant permission for the State of Washington (and its representative OSPI) to access additional information as necessary from the student record of _____ to ensure a complete evaluation of this appeal.
(Student's Name)

SIGNATURE

DATE

TELEPHONE #

E. To be completed by the STUDENT'S PRINCIPAL or ASSISTANT PRINCIPAL (Please Print or Type)

I certify, to the best of my knowledge, that the information contained in the supporting documents is accurate and complete.

NAME

TITLE

SIGNATURE

DATE

E-MAIL ADDRESS

TELEPHONE #

F. To be completed by the DISTRICT ASSESSMENT COORDINATOR (DAC) (Please Print or Type)

I certify, to the best of my knowledge, that the information contained in the supporting documents is accurate and complete.

NAME

SIGNATURE

DATE

E-MAIL ADDRESS

TELEPHONE #

Suggested Supporting Documents Checklist: (Depending upon circumstance some of these documents will be required.)

- Transcript (required)
- Previous High School WASL Test Scores
- Alternative Test Scores (SAT-ACT-AP)
- Medical Diagnostic Supporting Letter(s) or Documentation
- Transfer-Enrollment Date Verification
- 504
- IEP