

Office of Special Education
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Director of Special Education

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I, _____, understand and have been made aware that I
am eligible for testing modifications as documented on my Individual Education Plan (IEP) or
Section 504 Accommodation Plan. I am choosing not to use these modifications on the
_____ test.

Date_____ Student Signature_____

Date_____ Teacher Signature_____

Date_____ Parent notification
Check one: _____ via phone conversation