

2015 ACCESS/Alternate ACCESS for ELLs®

I. ACCESS/Alternate ACCESS® Test Ordering Dates: October 22, 2014 –November 16, 2014

II. Testing Schedule for the 2014-2015 ACCESS/Alternate ACCESS for ELLs®

Regular 2014-2015 ACCESS/Alternate ACCESS Dates:

Grades	Subjects	Dates
K-12	Reading, Writing, Listening, & Speaking	January 12 – February 13, 2015

Waiver Options

The deadline for requesting a modified ACCESS/Alternate ACCESS® testing schedule is **October 24, 2014**. Districts may apply for a testing schedule waiver if the regular testing schedule conflicts with the school/district calendar, or other unusual conditions arise.

The ACCESS/Alternate ACCESS for ELLs® testing schedule may vary among individual schools within a district. Even so, waiver applications for individual schools must come from the *district superintendent*.

The optional testing dates for ACCESS/Alternate ACCESS for ELLs® are:

Option 1:

Grades	Subjects	Dates
K-12	Reading, Writing, Listening, & Speaking	January 19 – February 20, 2015

Option 2:

Grades	Subjects	Dates
K-12	Reading, Writing, Listening, & Speaking	January 26 – February 27, 2015

Regardless of which testing schedule is implemented, it is *absolutely imperative* to meet all deadlines for returning materials to the scoring contractor - MetriTech. Failure to meet these deadlines may jeopardize the return of results to your school/district in a timely fashion. If you have questions, contact the Student Assessment Division at 866/317-6034.

Waiver Application Form To Modify Testing Dates for the 2014-15
ACCESS/Alternate ACCESS for ELLs[®] Assessment

The deadline for returning this form is October 24, 2014

Fax or mail this page to ISBE as soon as possible, but no later than October 24, 2014, for the district/schools that will NOT test during the regular testing dates (January 12 – February 13, 2015), with the ACCESS/Alternate ACCESS for ELLs[®]. Decisions regarding the request will be returned via fax no later than October 31, 2014.

Complete District Name, Number, Address, and Phone/FAX numbers:

Region/County/District/Type (RCDT) Code _____
District Phone: _____
District FAX: _____

The district named above requests to conduct testing for the ACCESS/Alternate ACCESS for ELLs[®] Reading, Writing, Listening, and Speaking tests (Kindergarten – Grade 12) during the following time period (**check one**):

_____ **Option 1:** January 19 – February 20, 2015 _____ **Option 2:** January 26 – February 27, 2015

Application for: _____ Entire District _____ Individual School(s) (attach a list if more than one school)

School Name RCDTS Code

Reason for Request (check one):

_____ Local testing conflict _____ Intersession for year round school calendar _____ Other

(please explain): _____

In requesting this modified testing schedule, your district agrees to return all test materials to the contractor according to arrangements that will be made by the contractor. Not returning test materials by established deadlines may jeopardize your results being returned in a timely fashion.

Name of Superintendent (printed)

Signature of Superintendent Date

Mailing Address: Illinois State Board of Education ISBE FAX Number: (217) 782-6097
Student Assessment Division – E216
Attention: Cathy
100 North First Street
Springfield, IL 62777-0001

For Office Use Only:
This request was approved by:

Signature of Division Administrator Date