## 2013 ACCESS for ELLs®

- I. ACCESS Test Ordering Dates: October 22, 2012 -November 16, 2012
- II. Testing Schedule for the 2013 ACCESS for ELLs®

Regular 2013 ACCESS Dates:

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Grades	Subjects	Dates	
K-12	Reading, Writing, Listening, & Speaking	January 14 - February 15, 2013	

## **Waiver Options**

The deadline for requesting a modified ACCESS testing schedule is <u>October 26, 2012</u>. ISBE allows districts to apply for a testing schedule waiver if the regular ACCESS testing schedule conflicts with the school/district calendar, or other unusual conditions arise.

The ACCESS for ELLs<sup>®</sup> testing schedule may vary among individual schools within a district (unlike the ISAT schedule). Even so, waiver applications for individual schools must come from the *district superintendent*.

The optional testing dates for ACCESS for ELLs® are:

Option 1:

Grades	Subjects	Dates		
K-12	Reading, Writing, Listening, & Speaking	January 21 – February 22, 2013		

Option 2:

Grades	Subjects	Dates
K-12	Reading, Writing, Listening, & Speaking	January 28 - March 1, 2013

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 2013 ACCESS for ELLs®

## The deadline for returning this form is October 26, 2012

This page must be faxed or mailed to ISBE as soon as possible, but no later than October 26, 2012, for districts/schools that will NOT test during the regular testing dates (January 14 – February 15, 2013), with the ACCESS for ELLs.® Decisions regarding the request will be returned via fax no later than November 2, 2012.

Complete District	Name, Number, Address, and Phone/FAX numbers:	
		Region/County/District/Type (RCDT) Code
		District Phone:
		District FAX:
	above requests to conduct testing for the ACCESS for En – Grade 12) during the following time period (check on	
Option 1:	January 21 – February 22, 2013 <b>Option</b>	2: January 28 – March 1, 2013
<b>Application for:</b>	Entire District Individual School	(s) (attach a list if more than one school)
School Name		RCDTS Code
Reason for Reque	est (check one):	
Local testir	ng conflictIntersession for year ro	und school calendarOther
(please explain): _		
arrangements that	modified testing schedule, your district agrees to return al will be made by the contractor. Not returning test material at timely fashion.	
Name of Superinte	endent (printed)	
Signature of Super	intendent	Date
Mailing Address:	Illinois State Board of Education Student Assessment Division – E216 Attention: Cathy 100 North First Street Springfield, IL 62777-0001	ISBE FAX Number: (217) 782-6097
For Office Use On This request was a	•	
Signature of Divisi	ion Administrator	 Date