**District:** Click here to enter text. **School:** Click here to enter text. **School Year:** Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** Click here to enter text. | | | **SIMS:** Click here to enter text. | | | **Grade:** Choose an item. |
| **Special Ed Teacher:** Click here to enter text. | | | **Disability Category** Click or tap here to enter text. | | IEP  504 Plan  Other (explain below) | |
| **ELA**  Items  Passages  Items & Passages | **ELA-PT**  Items  Passages/Stimuli  Items & Passages/Stimuli | **Math**  Items  Stimuli  Items & Stimuli | | **Science**  Items  Stimuli  Items & Stimuli | | |

|  |
| --- |
| Please provide an explanation regarding why Print on Demand is needed. The explanation should include information from evaluations, present levels of performance, services and supports, goals and/or and circumstances for which Print on Demand is needed. |
| Click here to enter text. |

**Assurances:** Please check mark each assurance.

I assure that the IEP or 504 plan indicates the state assessment will be provided via a print version.

I assure that a certified staff will administer the assessment.

I assure that a certified staff will act as a scribe, entering the student’s information from the printer version of the item into the online delivery system.

I assure that the certified staff acting as scribe has been trained according to the Scribe Protocol. (<https://doe.sd.gov/Assessment/SMARTERbalanced.aspx> in the Designated Supports and Accommodations Information section)

I assure that a location with a printer and shredder has been dedicated for printing and destruction of the assessment.

I assure that a certified staff has been assigned to wait by the printer for the item, deliver the item to the student, and immediately shred the item once the answer has been entered into the online test delivery system.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Sped Director or 504 Coordinator |  | Date |  | Assessment Coordinator |  | Date |

**DUE: February 1**

Please send to:

Beth Schiltz, Program Specialist OR Email to: Beth.Schiltz@state.sd.us

SD DOE, Special Education

800 Governors Drive OR Fax to: (605) 773-3782

Pierre, SD 57501

**Note:** Form content verification may be completed during onsite visits.