QUALIFIED EXCEPTION TO THE DEADLINE (QED)
Accommodations and English Learner Supports

In a limited number of circumstances, test coordinators can submit requests for accommodations and/or English learner (EL) supports after the published initial request deadline for your State or District contract.

This completed form must be submitted in the Test Accessibility and Accommodations System (TAA), **along with all the required information and documentation,** by the deadline published in your Schedule of Events. Due to time constraints, there is not a reconsideration window for QED requests. Verify all required documentation is uploaded into TAA, including this completed form, before selecting submit in TAA.

Check all applicable reasons, complete all associated details, and certify below. Requests submitted during the QED window without a **completed QED form** will be returned. QED requests for reasons other than those listed below do not qualify and will be returned without review.

Qualification Criteria

Complete one or more options.

☐ Student transferred to our school after the published initial request deadline.

_____

Name of previous school

Previous TAA PIN (if known): _____

Date of enrollment: _____

Upload verification of enrollment date with this form in TAA.

☐ Student was moved into a new grade level after the published initial request deadline.

New grade level: _____

Date of reclassification: _____

☐ Student was evaluated, given a new diagnosis AND started on a new individualized education plan (IEP) or 504 plan after the published initial request deadline.

Date of evaluation: _____

New diagnosis: _____

Date of new plan: _____

☐ Student was identified as an English learner and started receiving language supports after the published initial request deadline.

Date of EL designation: _____

☐ Student had a medical emergency or the sudden onset of a medical condition which is anticipated to last 6 months or more after the published initial request deadline.

Date of medical emergency: _____

OR Date of condition: _____

QED Certification

Test coordinator certifying QED for ACT State or District Testing.

_____

Name of person completing the form

_____

Student Name

TAA Pin: _____

Today's Date: _____

Note: _Do not use this form to order additional materials._