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| **Student Name:** Click or tap here to enter text. | **District Code:** Click or tap here to enter text. |
| **SASID:** Click or tap here to enter text. | **School Code:** Click or tap here to enter text. |
| **Check all that apply:**[ ]  English (Reading/Writing/Communicating)[ ]  Math (Mathematics) |
| **Reason for Request:** *Please provide detail regarding extenuating circumstances that have led to this request. Please include your districts’ process for making this decision.* |
| **Requestor Name:** Click or tap here to enter text. | **Date of Request:** Click or tap to enter a date. |
| **Requestor Email:** Click or tap here to enter text. | **Requestor Phone #:** Click or tap here to enter text. |

**CDE Review Notes:**

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| Date of Review: Click or tap to enter a date. |
| [ ]  Approved[ ]  Denied |
| Next Steps:  |