

Request for a Change in the Two-Week Test Window – 2010 ISAT

For the 2009-10 school year, the State test window for grades 3, 4, 5, 6, 7 and 8 is **March 1-12, 2010**.

Districts may request to change their two-week, State test window for the following reasons:

1. If schools of the district are closed and classes are not scheduled during either week of the State test window, the district may request to move the two-week window either one week earlier (**February 22 – March 5, 2010**) or one week later (**March 8 – 19, 2010**).
2. If the district has a spring break scheduled for the week immediately following the regular two-week test window of March 1-12, 2010, and the safe return of the secure test materials will be jeopardized, the district may request to move its two-week test window one week earlier (February 22 – March 5, 2010), so that the district will have one week to safely return all test materials prior to the spring break. The local school board must approve this request and maintain the approval on file at the district office.

Requests meeting these criteria will be honored but must be submitted to the Illinois State Board of Education (ISBE) by districts for approval **no later than December 1, 2009**. The request form districts must complete is on page 2 of this document.

Regardless of which two-week test window districts use, it is **absolutely imperative** to meet all deadlines for returning answer documents and test materials to the scoring contractor.

For ISAT any test-window modification request applies to **all** schools administering ISAT in the district.

If you have questions, contact the Student Assessment Division at 217/782-4823.

District Application for Modified Test Window in 2010 – ISAT

Districts testing during the regular test window, March 1-12, 2010, do **not** need to submit this form.

This form must be faxed or mailed to ISBE (as soon as possible, but no later than December 1, 2009) by districts that are requesting NOT to test during the regular test window, March 1-12, 2010. Verification of your request will be sent via fax, if provided, or U.S. mail. This form applies to the ISAT for grades 3, 4, 5, 6, 7 and 8.

Complete District Name, Number and Address:

Region/County/District/Type (RCDT) Code:

District Phone: _____
District Fax: _____

We are requesting to conduct testing during the following time period:

Modified Dates: (CHECK ONE)

_____ February 22 – March 5, 2010 (EARLY WINDOW)

_____ March 8 – 19, 2010 (LATE WINDOW)

In requesting these modified testing dates, our district agrees to return all ISAT test materials to the contractor according to arrangements that will be made with the contractor.

Reason for Request: (CHECK ONE)

_____ Schools of the district are closed and classes are not scheduled (early or late window as appropriate)

Dates during regular test window when schools of the district are closed _____

_____ Test security concerns (may choose early window only)

(Signature of Superintendent)

(Date)

Mailing Address: Illinois State Board of Education
Student Assessment Division E-216
100 North First Street
Springfield, Illinois 62777-0001

FAX: 217/782-6097

FOR OFFICE USE ONLY:

This request was approved by:

(Signature of Division Administrator)

(Date)