## Attachment 1

## New York State Education Department Assurance of Multiple Day Administration of State Assessments

School BEDS Code	
School Name	
School Street Address	
School City	
School Zip Code	
Name of Chief School Officer (Or their Designee)	
E-mail Address	
Phone Number	
Student's First and Last Name Initials	
(Schools must keep student's full name on file.)	
Last Five Digits of Student's New York State	
Student Identification System (NYSSIS) ID #	(Input last five digits only)
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## **Assurance of Multiple Day Administration of State Assessments:**

As the chief school officer (or their designee) of School, I hereby certify that the information contained in this notification for the student identified above is correct and make the following assurances:

- The Committee on Special Education (CSE) or Section 504 Committee determined that, based on a student's unique educational needs, the student requires multiple day administration of State assessments and documented this testing accommodation in the student's current individualized education program/Section 504 accommodation plan, and
- The school will comply with the procedures governing the administration of State assessments over multiple days as detailed in Appendix H: Administering Tests Over Multiple Days of the Office of Special Education's <u>Testing Accommodations for Students with Disabilities: Policy and Tools to Guide Decision Making and Implementation</u> (https://www.nysed.gov/special-education/testing-accommodations-students-disabilities-policy-and-tools-guide).

Signature	
Type Name	
Type Title	
Date	

Please e-mail the completed form to the Office of State Assessment at <a href="MultipleDayTesting@nysed.gov">MultipleDayTesting@nysed.gov</a>.

Be sure to include "Multiple Day Administration" followed by the school's BEDS Code (e.g., Multiple Day Administration – 010002345678) in the subject line of the e-mail and to retain the form in the school's files.