



Inclusive Assessment Arrangements for IB Exams

Consent Form for Testing Accommodations Request

Due by November 1

Student Information

Student Name: _____

Student ID Number: _____ Student Date of Birth: _____

I have a current ____ 504 Plan _____ IEP

Student and Parent/Guardian Signature

I am applying for testing accommodation/s on one or more International Baccalaureate (IB) exams due to disability. I authorize Washington-Liberty High School to release to IB necessary documentation for review to determine eligibility for accommodations. I also authorize W-L staff to discuss my disability and accommodation needs with IB. I am also providing permission for IB to review my records and discuss my disability and needs with W-L staff.

If I transfer to another school for the exam/s my application for inclusive assessment arrangements (accommodations request) and supporting documents will be visible to the coordinator of the new school. If I wish to withdraw my request for inclusive assessment arrangements before a transfer, I must inform the school of this at the time of the transfer.

I understand that IB has final determination over accommodations and will abide by their determination.

Student Signature _____

Parent/Guardian Signature _____

(Parent/Guardian Signature is required if student is under 18)

I waive my right to accommodations on the IB exams.

Student Signature _____

Parent/Guardian Signature _____

(Parent/Guardian Signature is required if student is under 18)