

Lyons Central School District

STUDENT REQUEST TO DECLINE SECTION 504/ SPECIAL EDUCATION
TESTING ACCOMMODATIONS

Student Name: _____

Specific Test and Date Scheduled: _____

Teacher/Proctor Name: _____

Accommodation(s) Student chooses to decline:

Student Signature: _____
Date: _____

Teacher/Proctor/Staff Witness Name: _____

Teacher/Proctor/Staff Witness Signature: _____
Date: _____

*Please return this form to Jesse Strazzabosco, School Psychologist immediately upon completion. Thank you.