

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Education		CONTACT PERSON James Mason	TELEPHONE NUMBER 601-359-3052	
ADDRESS P.O. Box 771		CITY Jackson	STATE MS	ZIP 39205
EMAIL osa@mde.k12.ms.us	SUBMIT DATE 8-19-2011	Name or number of rule(s): Mississippi Testing Accommodations Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

The *Mississippi Testing Accommodations Manual* is brought forth to comply with the *Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004)*, and the *No Child Left Behind Act of 2001 (NCLB)*.

Specific legal authority authorizing the promulgation of rule: *Individuals with Disabilities Education Improvement Act* and *No Child Left Behind*

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

Presently, an oral proceeding is not scheduled on this rule.

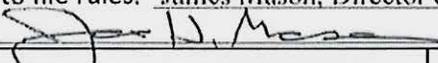
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): 25 days after filing	Proposed 7/14/2011 Action taken: <input type="checkbox"/> Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: James Mason, Director of Student Assessment

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		 Accepted for filing by <u>CB19D29CD</u>
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by <u>CB19D29CD</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.