



# Application for ACT-Approved Test Accommodations ACT State Testing

Receipt Deadline: Applications for ACT-Approved Test Accommodations must be received at ACT by January 24, 2014.

#### **General Information**

Fill out this application only if:

- students have a current Individualized Education Program (IEP), 504 Plan, or official accommodations plan, and
- provided services address more than English proficiency.

| IMPORTANT! Student/Parent Signature (section J) must be completed   | d or this form cannot be pr                                       | rocessed.   |   |       |
|---|---|---|---|-------|
| A. Student Information (Please print or type.)  |   |   |   |       |
| Student Name (Last, First, Middle Initial)  |   | Date of Birth (N                                  | Mo/Day/Yr)  |       |
| Student Street Address or PO Box (if not available, use school addre  | ss) City  | S   | State Zip   |       |
| Name of High School Where the Student Will Test (The high school must match the high school on the ACT-Approved Appli   | cation Header.)   | A   | ACT HS Code (required)  |       |
| <ul> <li>B. Previous Approval of the Same Accommodations on the ACT</li> <li>Has the student been approved for accommodations on the ACT and oproviding these accommodations?</li> <li>If yes, complete only Student Information (section A), and in the boundary</li> </ul>  |   |   | accommodations plan suppo                                       |       |
| ACT Reference Number found on the student's approval letter. The If no, complete the entire application (sections A - J) and attach reference Number found on the student's approval letter.  |   |   |   |       |
| C. Diagnosed Disability   | io ob ility   |   |   |       |
| Check all that apply. Where a space is provided, write in the specific d  | ISADIIITY.  |   |   |       |
| Full Scale IQ, if available:  Learning Disability (01)  | Psychological Disabilit ☐ (AD) Attention Def ☐ (AX) Anxiety Disor | icit Disorder/ADH                                 | łD  |       |
| ☐ (RD) Reading Disorder   | ☐ (AA) Allxiety Disor   | (e.g., obse                                       | essive compulsive disorder)                                     | )     |
| ☐ (DA) Mathematics Disorder   | ☐ (BD) Emotional/Be   | ehavioral Disorde                                 | r   |       |
| ☐ (SL) Speech/Language Disorder*  | <ul><li>☐ (AU) Autism*</li><li>☐ (AU) Autism Spect</li></ul>      | trum/DDD*   |   |       |
| Physical/Sensory Disability (02)  | ☐ (AO) Addisin Speci  |   |   |       |
| ☐ (DF) Hearing Impairment* ☐ (PH) Motor Impairment*   | ☐ (PD) Other Psycho<br>intellectual disabili                      | ological/Cognitive                                |   |       |
| (e.g., cerebral palsy)  | Other Disability (07)   |   |   |       |
| (e.g., 20/100 corrected visual acuity)  | □ (HR) Confined to h  | nomo  |   |       |
| <ul><li>☐ (TR) Tourette's Syndrome*</li><li>☐ (EP) Epilepsy or Seizures*</li></ul>  | , ,   |   |   |       |
| * Full documentation, including specific diagnosis, is required.  |   |   |   |       |
| D. Test Format Requested  |   |   |   |       |
| Check <i>one</i> . Alternate format must be supported by diagnosis and IEP, must test individually. Readers may not read the tests to a group of stu ☐ (01) Regular type (10-point) ☐ (07) Reader's script w/ regu ☐ (02) Large type (18-point) ☐ (08) Reader's script w/ large ☐ (03) Braille* ☐ (09) Reader's script w/ raise   | ıdents. For oral presentati<br>ılar type<br>e type                | on, choose DVDs<br>☐ (19) DVDs w<br>☐ (20) DVDs w | s, <i>or</i> reader's script.<br>/ regular type<br>/ large type | cript |
| * For Braille, you may check additional formats.  |   |   |   |       |
| E. Time Requested  Check the option most similar to the accommodations normally provide a-half, double time, triple time) based on the disability and approved te  □ Standard time - large type (no extended time, no additional breaks □ Standard time on each test; authorization to test over multiple days □ Extended time on each test; authorization to test over multiple days | st format.<br>s)   □ Self-paced time-al<br>s                      |   |   | and-  |
|   |   |   |   |       |
| F. Additional Requests (full documentation, including specific diagnost Check additional requests which require approval in addition to extend ☐ Computer ☐ Assistive technology (describe)   |   |   |   |       |
| Do not include locally approved accommodations (e.g. permitted calci  |   |   | testing students individuall                                    | hz    |

using a wheelchair accessible room). Refer to Standard Time Supervisor's Manual for examples of locally approved accommodations.



### **Application for ACT-Approved Test Accommodations ACT State Testing**

| Student Name (Last, First,  | Middle Initial)  |   |
|---|--|---|
|   | or Official Accommodations Plan  |   |
|   | k the box to indicate the plan you are submitting.   | rom the student's IEP, or 504 Plan, or official accommodations plan   |
|   | official accommodations plan must state the n name and effective dates must also appear on e   | eed for extended time, an alternate format, and/or any additional ach page.   |
| 2. Check ALL school years  ☐ Grade 11  ☐ Grade 10  ☐ Grade 9  ☐ Grade 8  ☐ Before grade 8 | in which an IEP, 504 Plan, or official accommod  | lations plan has been in place for the student.   |
| <ul><li>Diagnosed Disability</li><li>Any Additional Requ</li></ul>                        | n place <i>less than 3 academic years</i> , <i>OR</i> (section C) includes an asterisk indicating full doests (section F) are checked. |   |
| If yes, also staple a copy  | of full documentation, including specific diagnor  | sis to the application.   |
| H. History of Diagnosis   |  |   |
| Complete the chart below.   |  |   |
| When was the student:   | First diagnosed (if available)   | Reconfirmed (within last 3 academic years)  |
| Date (month/year):  |  |   |
| Age or grade of student:  |  |   |
| I affirm that the student namin the attached IEP, 504 PI                                  | ned on this form is enrolled at and/or attends this  | r, principal, or the Test Accommodations Coordinator.) school, and I verify that the information provided on this form and other required documentation is accurate, to the best of my  |
| School Official's Signature   | (may not be a relative of the student) Print C   | fficial's Name and Title  |
|   | re (Cannot process if incomplete)  |   |
| to this request by school off<br>ACT will remain with the ap                              | icials, physicians, or others having such informat   | by knowledge. I authorize the release to ACT of information related ion, if requested. I understand that any documentation provided to so permanent score record. If this request cannot be approved based st without the requested accommodations. |
| Student's Signature (requi  | red if 18 or older) Parent/Legal Guardian's 3  | Signature (required if student is under 18)  Date   |

Note: School official may complete section J only with the parent/legal guardian's verbal or written consent. School official must write, "per parent phone call," or "per parent consent form," in Parent/Legal Guardian Signature line.

#### To Submit this Application

- 1. Ensure that either:
  - the ACT Reference Number is entered in section B, OR
  - supporting documentation is stapled to each application as directed in section G.
- 2. Follow the steps on the ACT-Approved Application Header to ensure you are providing all necessary documentation to ACT.
- 3. Send all applications and supporting documentation under a completed ACT-Approved Application Header.



# ACT-Approved Application Header ACT State Testing

#### **Purpose**

This ACT-Approved Application Header is used to:

- Identify where the applications are coming from.
- Ensure the number of applications enclosed matches the number of applications received.

A completed header must be included with each application or batch of applications mailed to ACT.

Send only one header per group of applications.

#### **Helpful Information**

Sending the applications to ACT via a traceable method (FedEx, UPS) is preferred. Groups of applications and supporting documentation may be sent as they are ready.

| Λ | ction | M | 224 | 2 |
|---|-------|---|-----|---|
|   |       |   |     |   |

| Name of High School:                    |        |
|---|--------|
| ACT High School Code:                   | State: |
| Test Accommodations Coordinator's Name: |        |

- 2. Clip the following documentation to this header:
  - € an alphabetical list of students whose applications are enclosed (A list is not needed for one application.)
  - € completed applications
  - € supporting documentation (Staple supporting documentation to each application.)
- 3. Provide the number of applications enclosed. (This number and the number of students must match.) \_\_\_\_\_\_\_
- 4. Make a copy for your records of everything you are sending to ACT.
- 5. Send the materials to the following address to arrive no later than the receipt deadline on your Checklist of Dates.

ACT State Test Accommodations 301 ACT Drive PO Box 4071

Iowa City, IA 52243-4071



# The ACT Overview

### **Procedures for Requesting ACT Test Accommodations**ACT State Testing

#### Introduction

This document contains information the Test Accommodations Coordinator (TAC) and Test Supervisor (TS) need in order to request or arrange test accommodations for the ACT® college readiness assessment.

#### **Available Accommodations**

The following test accommodations are available for the ACT.

- ACT-Approved: These are determined by ACT in compliance with the Americans with Disabilities Act (ADA) and the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> or 5<sup>th</sup> Edition.
- Locally Approved: These are determined by the TAC and TS following specific ACT policy.
- State-Allowed: These are determined by the TAC following state guidelines.

#### **Comparison of Accommodations**

Use the chart below to determine which option is appropriate for students.

|  | ACT-Approved  | Locally Approved  | State-Allowed  |
|--|---|---|--|
| Are scores college reportable?               | Yes, scores may be reported to<br>colleges, scholarship agencies, or<br>other entities.   | Yes, scores may be reported to<br>colleges, scholarship agencies, or<br>other entities.   | No, scores may <i>only</i> be used for state<br>or district assessment purposes. They<br>are not available to report to colleges,<br>scholarship agencies, or other entities.  |
| What options<br>are available?               | Extended time or additional breaks     More than standard time     Testing over multiple days     Additional or stop-the-clock breaks     Alternate formats or response modes     Braille, Large type, DVDs, or a reader  | Wheelchair accessible room Seating near the front of room Irlen filters/color overlays Individual or small group testing Snacks for diabetics Written verbal instructions and visual notification of time Sign language interpreter (not a relative, not for test items) Circling the answers in the test booklet   | Extended time or additional breaks     More than standard time     Testing over multiple days     Additional or stop-the-clock breaks     Alternate formats or response modes     Large type, DVDs, or a reader     Circling the answers in the test booklet   |
| What are the<br>eligibility<br>requirements? | <ul> <li>ACT-Approved Accommodations are available for students with:         <ul> <li>Professional Diagnosis.</li> <li>Current Individualized Education Program (IEP), Section 504 Plan, or official accommodations plan.</li> </ul> </li> <li>For details, refer to the Guiding Principles section of this document.</li> <li>Note: Students receiving services solely for limited English proficiency do not qualify for ACT-Approved Accommodations.</li> </ul> | The TAC and TS may provide testing accommodations without consulting with ACT if all of the following apply:  accommodations are consistent with the student's accommodation plan at school,  testing is completed in one session using standard time,  testing occurs on the initial or makeup test date,  no additional breaks or stop-the-clock breaks are provided,  the student uses a regular type (10-point) test booklet,  accommodations do not disrupt testing, or provide an advantage to the student. | State-Allowed Accommodations are available for students:  With an IEP, Section 504 Plan, or official accommodations plan that does not meet the eligibility requirements for ACT-Approved Accommodations.  Whose request for ACT-Approved Accommodations cannot be approved.  Receiving services solely for limited English proficiency. |
| Is ACT<br>approval<br>required?              | Yes. Refer to the Applying for ACT-<br>Approved Test Accommodations<br>section below.   | There is no approval process. No order or application is necessary. These students are included in the figure submitted online by the TS, indicating the total number of students to be tested at your school.  Use standard time materials for testing.  | There is no approval process.  The TAC must order the test type and quantity needed at:  www.act.org/aap/state/saorder.html.  Refer to the Checklist of Dates for the order window.  |





# **Procedures for Requesting ACT Test Accommodations**ACT State Testing

### **Applying for ACT-Approved Test Accommodations**

#### **Process Overview**

The process for review of Applications for Day 1 ACT-Approved Test Accommodations is shown below.

| Stage | Who | Does What   |  |  |
|-------|-----|---|--|--|
| 1     | TAC | sends applications to ACT   |  |  |
| 2     | ACT | <ul> <li>receives and reviews applications</li> <li>notifies TAC of any requests ACT is unable to approve</li> <li>sends preliminary roster of fully or partially approved accommodations to the TAC</li> </ul> |  |  |
| 3     | TAC | <ul> <li>reviews notification letters and rosters</li> <li>sends additional documentation to ACT for reconsideration, if applicable</li> </ul>  |  |  |
| 4     | ACT | ships final roster of fully or partially approved accommodations with test materials to the TAC   |  |  |

#### **Section C of ACT-Approved Accommodations Application**

The chart below provides special education eligibility categories and the equivalent ACT-Approved Accommodations diagnosed disabilities to help the TAC fill out section C of the *Application for ACT-Approved Test Accommodations*.

| Special Education Eligibility Categories  | ACT Diag                           | nosed Disability  |
|---|------------------------------------|---|
| Reading Disorder  | <i>D</i> >                         | (RD) Reading Disorder   |
| Mathematics Disorder  | Learning<br>Disability<br>(01)     | (DA) Mathematics Disorder   |
| Speech and Language Disorder  | Lea<br>Dise<br>(01)                | (SL) Speech/Language Disorder   |
| Hearing Impairment or Severe Multiple Impairment: hearing (Deafness) or Deaf-Blindness  | >                                  | (DF) Hearing Impairment   |
| Visual Impairment or Severe Multiple Impairment: visual (Blindness) or Deaf-Blindness   | Sensor<br>(02)                     | (VI) Visual Impairment  |
| Physical Impairment or Severe Multiple Impairment:<br>Physical or Health/Tourette's Syndrome  | Physical/Sensory<br>Disability(02) | (PH) Motor Impairment<br>(TR) Tourette's Syndrome   |
| Other Health Impairment: Epilepsy   | 문 및                                | (EP) Epilepsy or Seizures   |
| Other Health Impairment: ADHD or ADD  | 3)                                 | (AD) Attention Deficit Disorder/ADHD  |
| Emotional Impairment  | Psychological Disability (03)      | <ul><li>(AX) Anxiety Disorder</li><li>(BD) Emotional/Behavioral Disorder</li><li>(PD) Other Psychological/Cognitive Disability, including intellectual disability</li></ul> |
| Autism  | gical                              | (AU) Autism/ Autism Spectrum Disorder   |
| Traumatic Brain Injury/Post Concussive Syndrome   | ا وُ                               | (TB) Traumatic Brain Injury/Post Concussive Syndrome  |
| Cognitive Impairment  | Psyck                              | (PD) Other Psychological/Cognitive Disability, including intellectual disability  |
| Other Health Impairment including but not limited to: asthma, diabetes, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia | Other<br>Disability<br>(07)        | (HB) Confined to home<br>(OD) Other   |





### Procedures for Requesting ACT Test Accommodations ACT State Testing

#### **Section D of ACT-Approved Accommodations Application**

The information below will help the TAC fill out section D of the *Application for ACT-Approved Test Accommodations*. It explains what is included in the test package for each test format.

| Test Format Requested                          | Test Package Includes:   |
|--|--|
| (01) Regular type                              | Regular type test booklet  |
| (02) Large type                                | Large type test booklet<br>Large type worksheet<br>Regular type test booklet           |
| (03) Braille                                   | Braille test booklet<br>Regular type test booklet                                      |
| (07) Reader's script with regular type         | Reader's script<br>Regular type test booklet   |
| (08) Reader's script with large type           | Reader's script Large type test booklet Large type worksheet Regular type test booklet |
| (09) Reader's script with raised line drawings | Reader's script<br>Raised line drawings<br>Regular type test booklet                   |

| Test Format Requested               | Test Package Includes:   |
|-------------------------------------|--|
| (19) DVDs with regular type         | English audio DVDs<br>DVD Usage Guidelines<br>DVD Track Listings<br>Regular type test booklet  |
| (20) DVDs with large type           | English audio DVDs<br>DVD Usage Guidelines<br>DVD Track Listings<br>Large type test booklet<br>Large type worksheet<br>Regular type test booklet |
| (21) DVDs with raised line drawings | English audio DVDs<br>DVD Usage Guidelines<br>DVD Track Listings<br>Raised line drawings<br>Regular type test booklet                            |

You may order alternate format practice materials from ACT at no charge at: http://media.actstudent.org/documents/alt\_practice.pdf.

#### **Accommodations Not Approved**

If ACT is unable to approve any of the requested accommodations, a notification letter will be mailed to the TAC. This is the first such notification. The TAC may submit additional documentation for ACT to reconsider the request. If ACT is still unable to approve the request, the TAC must administer the test using standard time and standard materials, or order and administer the test using State-Allowed Accommodations.

#### **Preliminary Roster**

ACT will send a preliminary roster to the TAC, to arrive approximately four weeks before the testing window. The preliminary roster is the first notification of ACT-Approved Accommodations. It will show you:

- fully-approved accommodations: these are accommodations ACT approved as requested, and
- partially-approved accommodations: these are accommodations ACT approved only in part.

The TAC has approximately one week to review the preliminary roster and contact ACT with requested changes.

#### **Final Roster**

ACT will send a final ACT-Approved State Testing Accommodations Roster to the TAC approximately one week before the testing window. It will accompany the secure test materials. The final roster lists full or partial approval of ACT-Approved Accommodations. Students must be tested with only the accommodations listed on the final roster. No additional accommodations are authorized.

#### **Contacting Us**

For questions, contact ACT via one of the following means:

- **Phone:** 800.553.6244, extension 1788
- E-mail: ACTStateAccoms@act.org
- Fax: 319.337.1285, to the attention of "State Testing Accommodations"





### **Guiding Principles**

#### **Procedures for Requesting ACT Test Accommodations ACT State Testing**

#### Introduction

The purpose of the Guiding Principles is to provide the information Test Accommodations Coordinators (TAC) need in order to provide the documentation required to support requests for ACT-Approved Accommodations to ACT.

#### **Professional Diagnosis**

The disability must be diagnosed by a qualified professional with credentials appropriate to the diagnosis. A psychologist, psychiatrist, physician, or learning disabilities specialist/team may diagnose learning disabilities. Only a physician may diagnose physical disabilities.

#### **Policy for Documentation**

ACT-Approved Accommodations are provided to students with disabilities in accordance with Title III of the Americans with Disabilities Act (ADA). The ADA defines a disability as a mental or physical impairment that substantially limits a major life activity compared to the average person in the general population. The guidelines of the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> or 5<sup>th</sup> Edition (DSM-IV or DSM-V) are used to substantiate the presence of a disabling condition.

To qualify for ACT-Approved Accommodations, the school must provide documentation which shows:

- The diagnosed condition substantially limits one or more major life activities.
- Requests are appropriate and reasonable for the documented disability.

#### **Documentation Requirements**

Documentation must be written by the diagnosing professional and must meet all of these guidelines:

- States the specific impairment as diagnosed.
- Is current (diagnosed or reconfirmed within three academic years).
- Describes presenting problems and developmental history, including relevant educational and medical history.
- Describes substantial limitations (adverse effects on learning, or other major life activities) resulting from the impairment, as supported by test results.
- Describes recommended accommodations and provides rationale explaining how these specific accommodations address the substantial limitations.
- Establishes the professional credentials of the evaluator, including information about licensure or certification, education, and area of specialization.
- Includes comprehensive assessments (neuropsychological or psychoeducational evaluations), with evaluation dates, used to arrive at the diagnosis.

The information below indicates the required documentation for each condition.

#### Learning Disabilities

Complete test/subtest results, with standard scores and percentiles from:

- o An aptitude assessment using a valid and comprehensive battery.
- An achievement battery.
- An assessment of information processing.
- o And, evidence that alternative explanations were ruled out.

#### ADD/ADHD

- Evidence of early impairment.
- o Evidence of current impairment, including presenting problem and diagnostic
- o Evidence that alternative explanations were ruled out.
- o Results from valid, standardized, age-appropriate assessments.
- o Number of DSM-IV criteria and how they impair the individual.

#### Psychiatric Conditions

- o Age of onset and course of illness.
- o Psychological tests used.
- History of treatment for the disorder.
- o If treatment includes medication, evidence of continued impairment, despite the benefits of medication.
- o How the impairment affects functioning across settings. (If the impairment interferes with the student's ability to take a standardized timed multiple choice test, such as the ACT, explain.)
- o If requesting test accommodations for access, suggest specific accommodations and how they will address the student's functional impairments.
- o Due to the variable nature of these conditions, documentation must be current

#### Traumatic Brain Injuries (TBI) or Post Concussive Syndrome (PCS)

- $\circ\;$  Evidence of current, continued educational impairment relating to requested accommodations, supported by objective data (psychological or neuropsychological testing, observations, rating scales, etc.).
- o Date of incident/accident.

#### TBI or PCS (continued)

- Status and diagnosis upon hospital admission.
- Length of hospital stay.
- Discharge date, review of type and outcome of outpatient therapy (Occupational Therapy, Physical Therapy, Speech Therapy), if applicable.

#### Visual Impairments

- Specific ocular diagnosis;
- Record of complete, current (within past 12 months) ocular examination by an optometrist or ophthalmologist including: chief complaint, history of illness, visual acuity, ocular motility exam (versions, tropias, phorias, stereopsis), slit lamp exam, visual field, and pupil, optic nerve, and retina exam
- If the diagnosed condition is purported to affect reading, results of a measure of reading (decoding, rate, and comprehension).

#### Hearing Impairments

- Most recent evaluation of communication skills including speech, and receptive/expressive language skills.
- If additional information is available, (psychoeducational evaluation) provide standard scores and percentiles achieved on all tests administered

#### Autism Spectrum Disorder

o Information in the areas such as adaptive behavior, executive functioning, attention, mental health, and academic fluency, to support an inability to take a standardized exam in a quiet, controlled setting in the normal time allotted.

#### Tourette's Syndrome

- History regarding type, frequency, intensity, and duration of motor, visual, and/or verbal tics.
- If medication or other factors (lighting, noise, etc.) are known to exacerbate the student's condition, provide documentation to describe.
- If the tics are cause for academically-relevant concerns, (slow reading rate, diminished fluency, or poor attention/concentration) provide evidence from diagnostic tests, rating scales, and teacher observations to objectively support anecdotal findings.

Note: Include letters from teachers discussing specific ways in which the condition affects daily classroom functioning to strengthen supporting documentation for Psychiatric Conditions and Traumatic Brain Injury/Post Concussive Syndrome.

#### **Confidentiality of Documentation**

Documentation will be kept confidential and used solely to review accommodations requests. It will not become part of the student's ACT score record.