



This form must be completed for any ACT-Approved Accommodations requests submitted after the request deadline, for any of the reasons listed in section C below. These requests must be submitted by the late consideration deadline listed on your *Checklist of Dates*.

| | | | |
|---|--|--------------------------------|-----------|
| A. Examinee Information | | | |
| _____ | | _____ | |
| Examinee Name (Last, First, Middle Initial) | | Date of Birth (Month/Day/Year) | |
| _____ | | _____ | _____ |
| Examinee Street Address or P.O. Box | | City | State ZIP |
| B. Test Coordinator Information | | | |
| _____ | | _____ | |
| Test Coordinator's Name | | ACT High School Code | |
| _____ | | _____ | _____ |
| Name of the High School Where Student Will Test | | City | State ZIP |
| C. Reason for Requesting Accommodations after the Deadline (Check one and complete the corresponding fields.) | | | |
| <i>See Page 2 for detailed descriptions</i> | | | |
| <input type="checkbox"/> | Newly enrolled (transfer student) or newly classified grade level with no previously approved accommodations _____ Date of enrollment in your school or date of new classification Name of former school, if applicable City, if applicable <i>Attach a Request for ACT-Approved Accommodations.</i> | | |
| <input type="checkbox"/> | Transfer student with previously approved accommodations <i>Filling out another Request for ACT-Approved Accommodations isn't necessary in this situation.</i> | | |
| <input type="checkbox"/> | Newly identified disability _____ Date of onset Nature of the condition <i>Attach a Request for ACT-Approved Accommodations.</i> | | |
| <input type="checkbox"/> | Medical emergency or sudden medical onset _____ Date of onset Nature of the condition <i>Attach a Request for ACT-Approved Accommodations.</i> | | |
| D. Test Coordinator Agreement | | | |
| <p><i>I certify that the examinee named in Section A is enrolled at my school, that all information provided on this form is accurate to the best of my knowledge, and that I am willing to administer ACT-Approved Accommodations, if authorized by ACT, to this examinee.</i></p> | | | |
| _____ | | _____ | |
| Test Coordinator's Signature | | Date | |



Descriptions

Newly Enrolled (Transfer Student) or Newly Classified Grade Level with no Previously Approved Accommodations

This examinee meets the testing program grade level eligibility requirements, does not have previously approved accommodations, and he or she:

- enrolled in your school after the deadline, or
- was classified into an eligible grade level after the deadline

Transfer Student with Previously Approved Accommodations

This examinee was granted ACT-Approved Accommodations at a school within the state (for State and District testing), transferred to another school within the state, and wants the ACT-Approved Accommodations at the new school.

This does not include examinees who transferred from another state, nor examinees who transferred within the state who had not been granted accommodations at their original school.

Newly Identified Disability

This examinee has been evaluated or diagnosed recently, a new disability has been identified, and an accommodations plan was put in place after the deadline.

Examinees who were known to the school to have a disability before the deadline but who were missed during the request period must test under standard (non-accommodated) conditions, or where applicable, with State-Allowed Accommodations.

Medical Emergency or Sudden Medical Onset

This examinee suffered an injury or suddenly developed a medical condition which prevents him or her from accessing the examination.

A common condition that qualifies is when an examinee cannot write because of an injury to his or her dominant hand or arm (e.g., broken wrist). A scribe may be necessary for the examinee to dictate the multiple-choice responses, and/or essay response. Other medical emergencies or conditions will also qualify, such as a sudden loss of vision. ACT will consider each case individually.



General Information

Fill out this request only if:

- the examinee has a current Individualized Education Program (IEP), 504 Plan, official accommodations plan, or exceptions statement, and
- services provided on the accommodations plan address more than English proficiency.

IMPORTANT! Examinee/Parent Signature (on page 2) must be completed or this form cannot be processed.

Examinee Information (please print or type)

| | | | |
|---|------|---------------------------|-----|
| State Student ID Number (required) | | | |
| Examinee Name (Last, First, Middle Initial) | | Date of Birth (Mo/Day/Yr) | |
| Examinee Street Address or PO Box (if not available, use school address) | City | State | Zip |
| Name of High School Where the Examinee Will Test (This high school must match the high school on the ACT-Approved Request Header.) | | ACT HS Code (required) | |

Previous Accommodation Request Information

Has the examinee been previously approved for accommodations by ACT? Yes No

If yes, write in the date the examinee last tested, and the ACT Reference Number found on the examinee's approval letter.

| | |
|-------|-----------------------|
| Date: | ACT Reference Number: |
|-------|-----------------------|

Testing Information (Select the test event for which you are requesting accommodations.)

| | | | |
|-------------------------------|--------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Early March | <input type="checkbox"/> Mid-March | <input type="checkbox"/> April |
|-------------------------------|--------------------------------------|------------------------------------|--------------------------------|

Diagnosed Disabilities (Check all that apply. Where a space is provided, write in the specific disability.)

Full scale IQ, if available: _____

Cognitive/Intellectual Disability

- (PD) Intellectual Impairment (FSIQ ≤ 85)
Full scale IQ is required if (PD) is checked: _____
- (TB) Traumatic Brain Injury
- (TB) Post-Concussive Syndrome

Learning Disability

- (RD) Reading Disorder/Dyslexia
- (DA) Mathematics Disorder
- (DW) Writing Disorder/Written Expression
- (SL) Speech/Language Disorder*

Motor Disability

- (PH) Cerebral Palsy
- (PH) Muscular Dystrophy
- (PH) Quadriplegia/Paralysis of Upper Extremities

Psychological Disability

- (AD) Attention Deficit Disorder/ADHD
- (AU) Autism Spectrum Disorder*
- (AX) Anxiety Disorder* _____
(e.g., obsessive compulsive disorder)

Psychological Disability continued

- (BD) Depression
- (BD) Emotional/Behavioral Disorder
- (AU) PDD/Asperger's*
- (TR) Tourette's Syndrome/Tic Disorder*

Sensory Disability

- (VI) Blind/Legally Blind (in both eyes)
- (DF) Deaf
- (DF) Hearing Impairment*
- (VI) Visual Impairment* _____
(e.g., 20/100 corrected visual acuity)

Physical/Medical Disability

- (OD) Diabetes
- (OD) Migraines
- (EP) Epilepsy/ Seizures*

Other Disability

- (HB) Confined to home _____
- (OD) Other* _____

* Full documentation, including specific diagnosis, is required.

Plan Details

1. Check ALL school years in which an IEP, 504 Plan, or official accommodations plan has been in place for the examinee.

| | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 10 |
| <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Before grade 8 |

2. Staple a copy of the most current test accommodations/services pages from the examinee's IEP, 504 Plan, or official accommodations plan to this request. If the examinee does not have a plan, provide an exceptions statement. Check the box next to what you are submitting.

| | |
|-----------------------------------|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Official accommodations plan |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Exceptions statement |

The IEP, 504 Plan, official accommodations plan, or exceptions statement must state the need for extended time and/or multiple days, an alternate format, and/or any additional requests. The examinee's name and effective dates must also appear on each page.



Plan Details (continued)

3. Do any of the following apply?

- The plan has been in place *less than one calendar year*.
- Diagnosed Disabilities (on page 1) includes an asterisk indicating full documentation is required.
- Any Additional Requests in Specific Accommodations (below) are checked.

If yes, *also* staple a copy of full documentation, including specific diagnosis, to this request.

Specific Accommodations

Check *one* test format. Use of an alternate format must be supported by diagnosis and IEP, 504 Plan, or official accommodations plan. Examinees using a reader's script must test individually. Readers may not read the tests to a group of examinees. For oral presentation, choose DVD, or reader's script.

- | | | |
|---|---|--|
| <input type="checkbox"/> (01) Regular type (10-point) | <input type="checkbox"/> (07) Reader's script w/ regular type | <input type="checkbox"/> (19) DVDs w/ regular type |
| <input type="checkbox"/> (02) Large type (18-point) | <input type="checkbox"/> (08) Reader's script w/ large type | <input type="checkbox"/> (20) DVDs w/ large type |
| <input type="checkbox"/> (03) Braille* | <input type="checkbox"/> (09) Reader's script w/ raised line drawings | <input type="checkbox"/> (21) DVDs w/ raised line drawings |

* For Braille only, you may check one additional format.

Check the timing option most similar to the accommodations normally provided at school. ACT will assign a timing code (e.g., standard time, time-and-a-half, double time, triple time) based on the disability and approved test format.

- | | |
|---|---|
| <input type="checkbox"/> Standard time - large type (no extended time, no additional breaks) | <input type="checkbox"/> Self-paced time-and-a-half, all tests on one day |
| <input type="checkbox"/> Standard time on each test, authorization to test over multiple days | <input type="checkbox"/> Standard time on multiple choice, extended time (up to 60 minutes) on Writing Test, all tests in one day |
| <input type="checkbox"/> Extended time on each test, authorization to test over multiple days | |

Additional Requests (Full documentation, including specific diagnosis is required.)

Check additional requests which require approval in addition to extended time or an alternate format.

- | | |
|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Scribe (for essay or if examinee cannot circle answers) |
| <input type="checkbox"/> Assistive technology (describe) _____ | <input type="checkbox"/> Other (be specific) _____ |

IMPORTANT! Do not include locally approved accommodations (e.g., permitted calculators, examinee circling answers in the test booklet, testing examinees individually, using a wheelchair accessible room). Refer to the Administration Manual for information about locally approved accommodations and guidelines for providing them.

School Official Signature (may be a special education teacher, counselor, principal, the TC, or the TAC)

*I affirm that the examinee named on this form is enrolled at and/or attends this school, and I verify that the information provided on this form and in the **attached IEP, 504 Plan, official accommodations plan, or exceptions statement and any other required documentation** is accurate, to the best of my knowledge, and reflects the testing accommodations now provided in school.*

School Official's Signature (may not be a relative of the examinee) Print Official's Name and Title

Examinee/Parent Signature (cannot process if incomplete)

I verify that the information provided on this form is accurate to the best of my knowledge. I authorize the release to ACT of information related to this request by school officials, physicians, or others having such information, if requested. I understand that any documentation provided to ACT will remain with the request and will not become part of the examinee's permanent score record. If this request cannot be approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Examinee's Signature (required if 18 or older) Parent/Legal Guardian's Signature (required if examinee is under 18) Date

Note: School official may complete this section 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 Request

1. Ensure that:
 - the date last tested and ACT Reference Number are entered in the Examinee Information section (on page 1), if applicable
 - supporting documentation is stapled to this request (see Plan Details)
2. Follow the steps on the *ACT-Approved Request Header* to ensure you are providing all necessary documentation to ACT.
3. Send all requests and supporting documentation under a completed *ACT-Approved Request Header*.



Purpose

This *ACT-Approved Request Header* is used to:

- identify which school the requests are coming from
- ensure the number of requests enclosed matches the number of requests received

When to Include an ACT-Approved Request Header

Groups of requests and supporting documentation may be sent to ACT as they are ready. A completed header must be included with each group of requests and documentation. Send **only one** header per group of requests. If you are only sending one request, a completed header must still be included with the request.

Helpful Information

Sending the requests to ACT via a traceable method (FedEx, UPS) is preferred, so you can see when they're delivered.

Action Needed

Complete a header by following the steps below.

1. Complete your school information. (Print or type.)

Name of high school: _____

ACT High School Code: _____ State: _____

Test coordinator's name: _____

Test coordinator's phone number: _____

2. Clip the following documentation to this header:

- an alphabetical list of examinees whose requests are enclosed (A list is not needed for one request.)
- completed requests (Each request will have supporting documentation stapled to it.)

IMPORTANT! Don't staple requests together. Keep them separate.

3. Provide the number of requests enclosed. (This number and the number of examinees on the list must match.) _____

CAUTION! When sending in multiple requests, you must include a completed Request for ACT-Approved Accommodations for each examinee on the list you enclose. If an examinee is listed, but the request was not included, there may not be time for you to send the request to ACT to arrive by the receipt deadline. The receipt deadline will not be extended for this situation. Please double check the list and requests to ensure they match before sending them to ACT.

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 and District Testing Accommodations
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071