



Michigan Merit Examination (MME) Request For Day 1 ACT-Approved Test Accommodations – Spring 2011

Your ACT-Approved Accommodations Receipt Deadline is: December 1, 2010	Your Accommodations Testing Window is: March 1-15, 2011
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This form is to be completed by a school official, such as a counselor, special education teacher, or principal, following the instructions on page 2 of the *Procedures for Requesting ACT Test Accommodations*.

A. STUDENT INFORMATION. (Please print or type.)

Student Name (Last, First, Middle Initial) _____ Date of Birth (Mo/Day/Yr) _____

Student Street Address or PO Box _____ City _____ State _____ Zip _____

Name of High School Where the Student Will Test _____ ACT HS Code (required) _____
(This request must come in under the Header sheet from the same school with the same ACT HS Code)

Name of Home High School Where Scores Will be Reported _____ ACT HS Code (required) _____
(only if different from where student is testing)

Indicate if student is applying to take the ACT through Special Testing or National Extended Time.

Yes

No

B. DIAGNOSED DISABILITY. Check all that apply.

- | | | |
|--|---|---|
| <p>Learning Disability (01)</p> <p><input type="checkbox"/> (RD) Reading Disorder</p> <p><input type="checkbox"/> (DA) Mathematics Disorder</p> <p><input type="checkbox"/> (SL) Speech/Language Disorder*</p> <p><input type="checkbox"/> (DW) Writing Disorder/Written Expression</p> | <p>Physical/Sensory Disability (02)</p> <p><input type="checkbox"/> (DF) Hearing Impairment</p> <p><input type="checkbox"/> (PH) Motor Impairment (explain on side 2, G)</p> <p><input type="checkbox"/> (VI) Visual Impairment (explain on side 2, G)</p> <p><input type="checkbox"/> (TR) Tourette's Syndrome</p> <p><input type="checkbox"/> (EP) Epilepsy or Seizures</p> <p style="text-align: center;">Other Disability (07)</p> <p><input type="checkbox"/> (HB) Confined to home (explain on side 2, G)</p> <p><input type="checkbox"/> (OD) Other (explain on side 2, G)</p> | <p>Psychological Disability (03)</p> <p><input type="checkbox"/> (AD) Attention Deficit Disorder/ADHD</p> <p><input type="checkbox"/> (AX) Anxiety Disorder* (explain on side 2, G)</p> <p><input type="checkbox"/> (PD) Other Psychological/Cognitive Disability, including mental disability* (explain on side 2, G)</p> |
|--|---|---|
- *Full documentation required

C. TEST FORMAT REQUESTED. Check only one. Alternate formats must be supported by diagnosis and IEP or 504 Plan. Examinees using reader's script must test individually. Readers may not read the tests to a group of examinees. For oral presentation, choose ONE of the following: Audio DVDs, cassettes, or reader's script. **Note: If you do not check a box below, the student will automatically receive regular type (10-point).**

- | | | |
|---|--|--|
| <p><input type="checkbox"/> (01) Regular Type (10-point)</p> <p><input type="checkbox"/> (02) Large Type (18-point)</p> <p><input type="checkbox"/> (03) Braille (printed copy included)</p> <p><input type="checkbox"/> (04) Cassettes w/ Regular Type</p> | <p><input type="checkbox"/> (05) Cassettes w/ Large Type</p> <p><input type="checkbox"/> (06) Cassettes w/ Raised Line</p> <p><input type="checkbox"/> (07) Reader's Script w/ Regular Type</p> <p><input type="checkbox"/> (08) Reader's Script w/ Large Type</p> | <p><input type="checkbox"/> (09) Reader's Script w/ Raised Line Drawings</p> <p><input type="checkbox"/> (19) Audio DVDs w/ Regular Type</p> <p><input type="checkbox"/> (20) Audio DVDs w/ Large Type</p> <p><input type="checkbox"/> (21) Audio DVDs w/ Raised Line Drawings</p> |
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D. TIME REQUESTED. Check only one. **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.**

- | | |
|---|--|
| <p><input type="checkbox"/> One session with standard break (large type only)</p> <p><input type="checkbox"/> Standard time on each test; authorization to test over multiple days</p> <p><input type="checkbox"/> Extended time on each test; authorization to test over multiple days</p> | <p><input type="checkbox"/> Self-paced time-and-a-half, all tests on one day</p> <p><input type="checkbox"/> Extended time only on Writing Test (60 minutes)</p> |
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E. OTHER ACCOMMODATIONS REQUESTED. Mark only if other accommodations are needed **in addition to** extended time or alternate formats (for example, authorization to use assistive technology) and enclose supporting documentation.

Other (be specific): _____

F. PREVIOUS APPROVAL OF THE SAME ACCOMMODATIONS ON THE ACT. Check either "yes" or "no" to indicate whether this student has been approved previously for the same accommodations on the ACT.

- Yes If yes, complete all of Side 1 of this form and sign sections J and K. You may leave sections G, H, and I blank.
- No If no, both sides of this form must be completed and required documentation submitted.

Student's Name (please print)

City

State

G. SPECIFIC DISABILITY OR CONDITION. This is required and must be more specific than "learning disabled," "other health impaired," "perceptual communications disorder," "auditory processing deficits," etc. (For learning disabilities, check the psychoeducational report and other documentation on file at the school for a DSM-IV diagnosis and provide that if it is stated. If a DSM-IV diagnosis is not provided in any documentation now on file, state the specific characteristics of the student's impairment. If the diagnosis is not clearly stated, processing of the request will take longer and may require further information from the school before a decision can be made.)

H. HISTORY OF DIAGNOSIS. If first diagnosed before grade 9, complete only "age or grade of student" in section a. plus all information in section b. If first diagnosed after grade 8, all information requested in sections a. and b. must be completed.

When and by whom student was: a. FIRST diagnosed.

b. recently re-confirmed (within last 3 years).

Date (month/year):

Age or grade of student:

Person making diagnosis:

Name/team

Job title(s)

Qualifications (degrees, specialization, certification)

Note: COMPLETE DOCUMENTATION REQUIRED if FIRST diagnosed within last 3 years OR for visual, hearing, psychological, emotional, or physical disorders. (See "Guidelines for Documentation.")

I. CURRENT IEP or 504 PLAN ON FILE AT SCHOOL. The IEP or 504 Plan must state the need for extended time, alternate formats, and/or any other accommodations requested on Side 1 due to the disability listed above. If plan has been in place less than 3 years, complete diagnostic documentation is required.

1. Mark the appropriate box and attach the required copy (which must include student's name and effective dates).

IEP; attach a copy of the test accommodations/services page(s) from the current IEP.

504 Plan; attach a copy of the test accommodations/services page(s) from the current 504 Plan.

2. Mark ALL school years for which the student has had an IEP or 504 Plan, including year(s) before high school.

2010-2011 (grade 11) 2009-2010 (grade 10) 2008-2009 (grade 9) 2007-2008 (grade 8) Before grade 8

J. SCHOOL OFFICIAL'S SIGNATURE. I affirm the student named on this form is enrolled at and/or attends this school, and I verify the information provided on this form and in the attached IEP or 504 Plan 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 student)

Print Official's Name and Title

School Official's E-mail Address

K. STUDENT/PARENT SIGNATURE. I verify 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 application and will not become part of the student's permanent score record. If this request cannot be approved based on the information submitted, I understand the student may be required to test without the requested accommodations.

Student's Signature (required if 18 or older)

Parent/Legal Guardian Signature (required if student is under 18). Note: School official may sign for parent/legal guardian only if verbal acknowledgement has been obtained by phone. See Procedures for Requesting ACT Test Accommodations.

Date

SUBMITTING THIS REQUEST: Incomplete or unsigned forms will delay processing, which may result in the student having to test without accommodations. Keep a photocopy for your files. Early applications are encouraged. If ACT has questions about the information submitted, the Test Accommodations Coordinator will be contacted. The request must be submitted with a completed Test Accommodations Coordinator Header. Applications must be received at ACT by the appropriate deadline above and sent to:

ACT State Test Accommodations
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071

