

Request for Day 1 State-Allowed Accommodations – Spring 2012 Michigan Merit Examination (MME)

The deadline for ACT to receive State-Allowed Accommodations requests from your school is **January 20, 2012**.

Important Note: Do NOT use this form to apply for ACT-Approved Accommodations. Complete this form ONLY for a student who does not meet ACT's eligibility requirements or whose application for ACT-Approved Accommodations has been denied by ACT. Scores earned with State-Allowed Accommodations will be used for assessment purposes, but will NOT be reported by ACT to colleges, scholarship agencies, or any other entities.

This form is to be completed by a school official, such as a counselor, special education teacher, or principal. Please review the *Procedures for Applying for ACT Test Accommodations – Spring 2012* for important information prior to completing this form.

A. STUDENT INFORMATION. (Please print clearly.)

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 High School Code (required)
(This application must come in under the header sheet from the same school with the same ACT HS Code)	

B. TEST FORMAT REQUESTED. Check only one. All test booklets, including large type, and all answer documents are printed in English. (Braille, if applicable, is normally an ACT-Approved Accommodation. If a student needs Braille in addition to other State-Allowed Accommodations, please call ACT at 800/553-6244, ext. 1788 before completing this request.) **Note: If you do not check a box below, the student will automatically receive regular type (10-point). ACT does not assign a timing code for students testing with State-Allowed Accommodations. The time allowed for each test is determined locally by appropriate staff at the school (e.g., IEP team).**

(HB) Confined to Home

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| English Formats | Spanish Formats | |
| Printed Booklet | Reader's Script | Spanish Video |
| <input type="checkbox"/> (01) Regular Type (10-point) | <input type="checkbox"/> (07) with Regular Type | <input type="checkbox"/> (DB) DVD with Regular Type |
| <input type="checkbox"/> (02) Large Type (18-point) | <input type="checkbox"/> (08) with Large Type | <input type="checkbox"/> (DE) DVD with Large Type |
| Cassettes | English Video | |
| <input type="checkbox"/> (04) with Regular Type | <input type="checkbox"/> (DG) DVD with Regular Type | Arabic Formats |
| <input type="checkbox"/> (05) with Large Type | <input type="checkbox"/> (DH) DVD with Large Type | Arabic Video |
| DVDs (Audio only) | | <input type="checkbox"/> (DC) DVD with Regular Type |
| <input type="checkbox"/> (DA) with Regular Type | | <input type="checkbox"/> (DF) DVD with Large Type |
| <input type="checkbox"/> (DD) with Large Type | | |

C. SCHOOL OFFICIAL'S SIGNATURE (required). I affirm the student named on this form is enrolled at and /or attends this school. I have explained to the student and the student's parent/guardian that scores earned with State-Allowed Accommodations will be reported **ONLY** for assessment purposes and will **not** be reported by ACT to colleges, scholarship agencies, or any other entities.

School Official's Signature (may not be a relative of the student)	Print Official's Name and Title
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D. STUDENT AND PARENT SIGNATURES (required). I understand that scores earned with State-Allowed Accommodations will be reported **ONLY** for assessment purposes and will **not** be reported by ACT to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the home high school in early fall.

Student's Signature (required if 18 or older)	Parent/Legal Guardian Signature (required if student is under 18)	Date
Note: School official may sign for parent/legal guardian if verbal acknowledgement has been obtained by phone. See <i>Procedures for Applying for ACT Test Accommodations</i> .		

SUBMITTING THE REQUEST: Incomplete or unsigned forms will not be processed. **Keep a photocopy for your files.** The request **must** be submitted with a **completed** Test Accommodations Coordinator Header. Requests 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

