

Test Accommodations Coordinator Header

(For the ACT for State Testing)

If your state is:	Your ACT-Approved Accommodations Receipt Deadline is:	Your State-Allowed Accommodations Receipt Deadline is:	Your Accommodations Testing Window is:
MI, UT	December 1, 2010	January 14, 2011 N/A for UT	March 1-15, 2011
KY, TN	December 15, 2010	January 28, 2011	March 15-29, 2011
CO, IL, ND, WY, District Choice	January 27, 2011	March 11, 2011 N/A for ND, WY	April 27 – May 11, 2011

This envelope contains _____ completed accommodations request forms for
(number)
the ACT for State Testing from:

(Please print your information legibly below. If anything is incomplete it will delay processing of the request forms. It is imperative that the correct ACT High School Code and school name be provided.)

Name of High School

ACT High School Code

State

Test Accommodations Coordinator: *(This form must be signed by the **same** individual who signed the Test Accommodations Coordinator Agreement on file at ACT for the current school year.)*

Test Accommodations Coordinator Name

Work Telephone Number

Signature: _____

Date: _____

Review the following checklist prior to sending completed accommodations request forms to ACT:

- ✓ All information has been completed on each request form.
- ✓ All required documentation to support each request has been included.
- ✓ The student/parent and school official have signed and dated the accommodations request form.
- ✓ **This header must accompany each group of completed request forms returned to ACT.**
- ✓ Include an alphabetical list of students submitted.

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**

