



Date: _____

Early March

Test Accommodations Coordinator Header

(For the ACT for State Testing)

The deadline for ACT to receive ACT-Approved applications from your school is **December 2, 2011**. Only if applicable for your state/district: The deadline for ACT to receive State-Allowed requests from your school is **January 20, 2012**.

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

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

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 forms to ACT:

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

Accommodations forms 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**

(This document may be photocopied)

