

## Application for Day 1 ACT-Approved Test Accommodations – Spring 2012 Michigan Merit Examination (MME)

The deadline for ACT to receive ACT-Approved Accommodations applications from your school is **December 2, 2011**.

This form is to be completed by a school official, such as a counselor, special education teacher, or principal, following the instructions provided in the *Procedures for Applying for ACT Test Accommodations – Spring 2012*.

**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)

**B. 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.

**C. DIAGNOSED DISABILITY.** Check all that apply.

- |  |  |  |
|--|--|--|
| <p><b>Learning Disability (01)</b></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><b>Physical/Sensory Disability (02)</b></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><b>Psychological Disability (03)</b></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"/> (BD) Emotional/Behavioral Disorder</p> <p><input type="checkbox"/> (AU) Autism Spectrum Disorder*</p> <p><input type="checkbox"/> (PD) Other Psychological/Cognitive Disability, including intellectual disability* (explain on side 2, G)<br/>FSIQ _____</p> |
| <p><b>Other Disability (07)</b></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>  |  |  |
- \*Full documentation required

**D. 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: DVDs, cassettes, or reader's script. **Note: If you do not check a box below, the student will automatically receive regular type (10-point).**

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

**E. 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.**

- |   |   |
|---|---|
| <input type="checkbox"/> Standard time - <b>large type only</b>                               | <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"/> Extended time only on Writing Test (60 minutes)  |
| <input type="checkbox"/> Extended time on each test; authorization to test over multiple days |   |

**F. 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): \_\_\_\_\_

Student's Name (please print)

City

State

G. SPECIFIC DISORDER OR CONDITION. Complete only for those conditions marked with an asterisk (\*) on side 1. Provide diagnostic, not narrative, information. 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 H-a., plus all information in section H-b. If first diagnosed after grade 8, all information requested in sections H-a. and H-b. must be completed. COMPLETE DOCUMENTATION REQUIRED if FIRST diagnosed within last 3 years OR for visual, hearing, psychological, emotional, or physical disorders. (See "Guidelines for Documentation.")

When and by whom student was:	H-a. FIRST diagnosed	H-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)		

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.

- 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.
- Mark ALL school years for which the student has had an IEP or 504 Plan, including year(s) before current school.
  - 2011-2012 (grade 11)       2010-2011 (grade 10)       2009-2010 (grade 9)       2008-2009 (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 Applying for ACT Test Accommodations. Date

SUBMITTING THIS APPLICATION: 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 application 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

