



Overview

The Test Accommodations Coordinator (TAC) is responsible for determining which students need to test with accommodations and ensuring all requests for test materials have been submitted to ACT by the deadline.

ACT provides test accommodations in accordance with *Title III of the Americans with Disabilities Act (ADA)*. Schools provide accommodations under different regulations. Thus, having a diagnosis and receiving accommodations in school do **not** guarantee approval of those accommodations for the ACT.

Two different types of accommodations are available for the ACT. Review the information below to determine the best option for each student.

ACT-Approved Accommodations

ACT-Approved Accommodations are available for students with diagnosed disabilities who are receiving special education services described in a current Individualized Education Program (IEP), Section 504 Plan, or official accommodations plan. The procedures beginning on page 2 of this document are specific for ACT-Approved Accommodations.

Differences between ACT-Approved and State-Allowed Accommodations

The chart below describes the differences between ACT-Approved and State-Allowed Accommodations.

	ACT-Approved Accommodations	State-Allowed Accommodations
Who Orders	TAC	TAC
Which Students Should Test	<ul style="list-style-type: none"> Students with diagnosed disabilities who are receiving special education services described in a current Individualized Education Program (IEP), Section 504 Plan, or official accommodations plan. 	<ul style="list-style-type: none"> Students with an Individualized Education Plan (IEP), Section 504 Plan, or official accommodations plan that does not meet or only partially meets ACT's eligibility requirements for testing with ACT-Approved Accommodations.
Deadline	November 30, 2012	February 13, 2013
How to Order Materials	<ul style="list-style-type: none"> Complete an <i>Application for ACT-Approved Test Accommodations</i> (last page of this document) for each individual student. Mail the application and supporting documentation to ACT with a completed <i>ACT-Approved Accommodations Header</i> (found in this document) following the instructions provided on that form. 	<ul style="list-style-type: none"> Request the test type and quantity needed for the school at www.act.org/aap/state/saorder.html. If you completed an <i>Application for ACT-Approved Test Accommodations</i> for a student, do not also request State-Allowed Accommodations materials for the student.
Approval Process	<ul style="list-style-type: none"> Application forms are processed in the order they are received at ACT. ACT provides a roster and assigns a timing code to each student approved. ACT sends an authorized accommodations letter for the student to the school's TAC. If the student is <u>not</u> approved, ACT will send written notification to the TAC giving the TAC other options for the student. 	<ul style="list-style-type: none"> There is no approval process.
Test Materials	<ul style="list-style-type: none"> Assigned to an individual student. Only the authorized student may use the materials; they may not be used by another student. Cannot be transferred to another test site. 	<ul style="list-style-type: none"> Assembled in individual test packages and sent based on the quantity ordered. Not assigned to an individual student. Cannot be transferred to another test site.
What Type of Scores are Produced	<ul style="list-style-type: none"> If approved, scores will be reported to colleges, scholarship agencies, or other entities. 	<ul style="list-style-type: none"> Scores will be used for state or district assessment purposes, but will not be reported to colleges, scholarship agencies, or any other entities.

State-Allowed Accommodations

State-Allowed Accommodations are available for students who do not meet the eligibility requirements stated in this document (or whose application for ACT-Approved Accommodations is denied). The procedures beginning on page 2 of this document are specific for ACT-Approved Accommodations. Follow the instructions in the chart below to request State-Allowed Accommodations for students at your school.

Deadline

To be considered for testing, applications and all required documentation for ACT-Approved Accommodations must be **received by ACT no later than November 30, 2012**.

State-Allowed Accommodations online orders must be submitted no later than **February 13, 2013**.



Eligibility Requirements

To be considered for ACT-Approved Accommodations, students must meet **ALL** of the following requirements:

1. **Professionally Diagnosed Disability.** The student's disability must be diagnosed by a qualified professional with credentials appropriate to the diagnosis. Documentation that meets ALL the "Guidelines for Documentation" (see section below) must be on file at the school.
 - If diagnosed for the **FIRST** time before September 2009, reconfirmation is required within the last 3 years. A current IEP, Section 504 Plan, or official accommodations plan on file at the school may serve as reconfirmation, provided the initial diagnosis was made by a qualified professional(s).
 - If **FIRST** diagnosed within the last 3 years, full written diagnostic documentation must be submitted *with* the application.
2. **Current IEP, Section 504 Plan, or official accommodations plan must document ALL accommodations requested are provided in school.** Submit a copy of the student's *current* IEP, Section 504 Plan, or official accommodations plan that supports the need for all requested accommodations due to the disability. The student's name and effective dates must appear on all pages submitted.

ACT Guidelines for Documentation

Documentation must be written by the diagnosing professional and must meet **ALL** of these guidelines:

1. **States the specific impairment** as diagnosed
2. **Is current** (no older than September 2009)
3. **Describes presenting problem(s) and developmental history**, including relevant educational and medical history
4. **Describes the comprehensive assessments** (neuro-psychological or psychoeducational evaluations), including evaluation dates, used to arrive at the diagnosis:
 - *For learning disabilities*, must provide test results (including subtests), **with standard scores** and percentiles, from
 - a) an aptitude assessment using a complete, valid, and comprehensive battery,
 - b) a complete achievement battery,
 - c) an assessment of information processing, **and**
 - d) evidence that alternative explanations were ruled out.
 - *For ADD/ADHD*, must include
 - a) evidence of early impairment,
 - b) evidence of current impairment, including presenting problem and diagnostic interview,
 - c) evidence that alternative explanations were ruled out,
 - d) results from valid, standardized, age-appropriate assessments, **and**
 - e) number of applicable DSM-IV criteria and description of how they impair the individual.
 - *For visual, hearing, psychological, emotional, or physical disorders*, must provide detailed results from complete ocular, audiologic, or other appropriate diagnostic examination.
5. **Describes the substantial limitations (e.g., adverse effects on learning, academic achievement, or other major life activities) resulting from the impairment**, as supported by the test results
6. **Describes specific recommended accommodations** and provides a rationale explaining how these specific accommodations address the substantial limitations
7. **Establishes the professional credentials of the evaluator**, including information about licensure or certification, education, and area of specialization.

Complete details about ACT's policies for documentation for test accommodations are available at:

www.act.org/aap/disab/policy.html

Examples of Test Accommodations

If the student's professionally diagnosed and documented disability requires one or more of the accommodations below, the school must submit a completed ACT-Approved Accommodations application form.

Accommodation	Definition
Extended Time and/or Alternate Formats	<ul style="list-style-type: none"> • More than standard time • Testing over multiple days • Additional or stop-the-clock breaks • Alternate test formats such as Braille, DVDs, or a reader, and/or alternate response modes
Large Type Test Booklet	<ul style="list-style-type: none"> • Student requires a large type test booklet (18-point) but can test with standard time limits (including the standard break(s) allowed), the school must submit a completed application form specifying the accommodations requested. Refer to Section E on the application.
Writing Test only	<ul style="list-style-type: none"> • Use of a scribe or computer for the Writing Test (typically for disabilities that prevent students from writing independently). • Extended time on the Writing Test only (students with developmental writing disorder, written expression, or dysgraphia).

Local Decision Accommodations

If the student can test in a single session with standard time limits (including the standard break(s) allowed) and use a regular (10-point) test booklet, but the disability requires other accommodations, the school may make such arrangements without prior consultation with ACT.

Accommodation	Definition
Physical Impairment	<ul style="list-style-type: none"> • Assignment to a wheelchair accessible room.
Visual Impairments or Blindness	<ul style="list-style-type: none"> • Permission to use Irlen filters or color overlays. • Marking answers in test booklet (no extended time).
Hearing Impairments	<ul style="list-style-type: none"> • Sign language interpreter (not a relative) to sign all spoken instructions (not test items). • Seating near the front of the room to lipread spoken instructions. • A written copy of spoken instructions with visual notification from testing staff of test start, five minutes remaining, and stop times.
Other	<ul style="list-style-type: none"> • Permission for diabetics to eat snacks.

Confidentiality of Documentation

Schools are required to provide the necessary information and documentation to support applications for ACT-Approved Accommodations. The designated state education agency has authorized ACT to collect and review this documentation. All documentation provided to ACT will be kept confidential, and will not become part of the student's ACT score record.

Instructions for Submitting the Application

A school official such as a counselor, special education teacher, or principal is to complete an application for **each** student for whom ACT-Approved Accommodations are requested. The application may be photocopied or downloaded from your state's website. To be processed, each application **must**:

- be received at ACT by the deadline,
- be complete and include all required signatures, and
- be accompanied by all required documentation.

If any of the information provided is false, ACT reserves the right to cancel scores.

Side 1

Tear the application at the perforation to separate the form from the rest of this document.

- A. Student Information.** Student address is required. If not available, school address may be used.
- B. Previous Approval of the Same Accommodations on the ACT.** Mark the appropriate answer. If no, complete both sides of the application and submit required documentation.
- C. Diagnosed Disability.** Check all applicable disabilities as stated in written documentation on file at the school. Pay attention to those diagnoses that require full documentation for approval. Include FSIQ where requested. Writing Test only: Students with developmental writing disorder, written expression, or dysgraphia apply for extended time on the Writing Test only.
- D. Test Format Requested.** The type of materials applied for must be supported by the accommodations plan at school or on a previous "ACT Accommodations Approval" letter for this student. Documentation of a visual disability is required to support requests for large type test booklets. Both scannable and large block answer sheets are provided with each large type booklet. If no test format is selected, regular type will be assigned. **Important**—Students using DVDs may test as a group. Students must use headphones and begin each test at the same time. We provide usage guidelines and track listings with each set of DVDs.
- E. Time Requested.** Mark the option most similar to the accommodations normally provided at school. ACT will assign a timing code based on the disability and approved test format.
- F. Other Accommodations Requested.** If needed due to the disability, explain in detail and submit supporting documentation. Complete only if other accommodations are requested. Writing Test only: If a student is unable to produce independent writing, list the accommodations normally provided at school for writing tests (e.g., use of a scribe or computer).

Side 2

- G. Specific Disorder or Condition.** Must be specific. The following terms are **not** sufficiently specific: specific learning disabilities (SLD), other health impaired, perceptual communication disorder, processing disorder, etc. For learning disabilities, please use the DSM-IV diagnosis, if available, as stated on the documentation from the diagnosing professional.
- H. History of Diagnosis.** The diagnosing professional's credentials must be appropriate to the disability. If the disability was identified by an IEP team, list relevant titles and specializations.
- H-a.** If **FIRST** diagnosed before grade 9, complete only the "age or grade of student" when diagnosed. **If FIRST diagnosis was within the last 3 years, submit complete diagnostic documentation with the application form** (see "Guidelines for Documentation" section).

H-b. If recently re-confirmed, there must be a re-confirmation within the last 3 years by a psychologist, learning disabilities specialist/team, or other qualified professional, or team of professionals, with direct knowledge of the student's disability. A current IEP, 504 Plan, or official accommodations plan on file at the school may serve as reconfirmation.

- I. Current IEP, 504 Plan, or Official Accommodations Plan on File at School.** Indicate the type of accommodations plan now on file at the school and attach the required copy. The student's name and effective dates of the IEP, 504 Plan, or official accommodations plan must appear on all submitted pages.
- J. School Official's Signature.** Read and sign the statement. A relative of the student may *not* sign.
- K. Student/Parent Signature.** *If the student is 18 or older, the student must sign. If the student is younger than 18, his/her parent or legal guardian must sign.* School official may sign for the parent if approval has been obtained by phone; note "per phone call" and initial. **If no signature is provided, ACT is unable to review the application.**

Instructions for Completing the Header

A **completed ACT-Approved Application Header** must accompany all application forms when being submitted. Tear the header at the perforation to separate the form from the rest of this document. Follow all instructions provided on the header, with two important steps being:

1. Submit ACT-Approved Application forms as a group.
2. Include an alphabetical list of students whose application is being submitted to ACT.

Review of Application and Response by ACT

Application forms are processed in the order they are received at ACT. Early applications are encouraged.

If the student is ...	Then ...
Approved	<ul style="list-style-type: none"> • A roster will be sent to the TAC which lists each student and specifies the accommodations, timing code, test format, and any other accommodations approved for that student. • ACT will send an authorized accommodations letter for the student to the school's TAC.
Not Approved	<p>ACT will send written notification to the TAC, giving the TAC these options:</p> <ol style="list-style-type: none"> 1. Submit additional documentation to support the application. Must be submitted in writing – a fax reply will assist in meeting deadlines. Refer to the <i>Checklist of Dates</i> for this deadline. 2. Test standard time. If you fail to submit additional documentation when requested or by the deadline, the student must test with standard time limits and use a regular type (10-point) test booklet <i>without</i> accommodations. 3. Order State-Allowed Accommodations by requesting the test type and quantity of materials needed for your school at www.act.org/aap/state/saorder.html by the deadline provided in the <i>Checklist of Dates</i>.



Common Reasons for Denial

The most common reasons why ACT cannot approve the accommodations requested for a student are listed below. Make sure the application form is completed in its entirety.

- **Section C, Other Disability.** If you mark Other, be sure to complete Section G.
- **Section C, Check all that apply.** Check all diagnosed disabilities that apply to the student.
- **Section I is blank.** Make sure you check the appropriate box in both part 1 and 2 and attach the documentation.
- **Section K has no signature.** If there is no signature, ACT cannot legally review the application.

Preliminary Roster

If applications were submitted by the deadline and approved, a preliminary roster will be sent to the TAC. Refer to the *Checklist of Dates* for its arrival date. It will list each student and specifies the ACT-Approved Accommodations, timing code, test format, and any other accommodations that have been approved for each student.

- Review the roster carefully and follow instructions provided in the cover memo that will accompany the roster.
- ACT may not approve all of your requested accommodations. The roster will be the only notification you receive.

Determining Accommodations for Other MME Components

ACT's approval of accommodations applies to the Day 1 administration only. School personnel may use ACT's approval as a guideline for accommodations on other MME parts to the extent that the same accommodations are appropriate to the nature of those tests and consistent with a student's IEP or 504 Plan. There is no application form for accommodations on other parts of the MME.

Timing Codes

ACT will provide a roster which specifies the ACT-Approved Accommodations, timing code, test format, and any other accommodations that have been approved for each student.

Students with different timing codes may not test in the same room; students approved for a reader's script must test individually; and ACT-Approved Accommodations must be administered separate from State-Allowed Accommodations.

Do NOT mix these two groups in a room together. If ACT procedures are not followed, the resulting scores will be cancelled.

Assignment of ACT-Approved Test Materials

ACT assigns specific test materials (by serial number) to each student in an individually wrapped package. Only the authorized student may use the materials; they may not be used by another student, or transferred to another test site. If ACT procedures are not followed, the resulting scores will be cancelled.

Preparing for Testing

A copy of *Preparing for the ACT*, which includes information about the tests, test-taking strategies, and complete practice tests, is available. Schools have a supply of this free booklet for distribution to students.

Many schools have previously ordered a copy of a practice test in Braille, large type, or on DVDs for their libraries. If your school does not have copies available, you may order these alternate format practice tests directly from ACT at no charge. Refer to ACT's website on Services for Students with Disabilities at www.act.org/aap/disab/ for more information. You will receive *Preparing for the ACT Special Testing* with each alternate format ordered; it contains the scoring keys.

Before requesting DVDs for the actual testing, work with technical personnel at your school. Order the practice ACT tests on DVDs so that you can test them on your equipment. Also have students take the practice tests so they will be comfortable using DVDs on test day.

ACT Repeat Testing

Students who were approved for ACT-Approved Accommodations may, at their option, apply to take the ACT again with the same approved accommodations*. Refer to ACT's website on Services for Students with Disabilities at www.act.org/aap/disab/ for those application forms.

If the student wants to retest in ...	And the student tested with ...	They may ...
Spring 2013	<ul style="list-style-type: none"> • Regular type, OR • Large type, OR • Up to 50% additional time 	Request to retest by submitting an ACT Extended Time National Testing form.
	<ul style="list-style-type: none"> • More than 50% additional time, OR • Alternate formats, OR • Testing over multiple days 	Request to retest by submitting an ACT Special Testing form.
2013-2014	<ul style="list-style-type: none"> • Regular type, OR • Large type, OR • Up to 50% additional time, OR • More than 50% additional time, OR • Alternate formats, OR • Testing over multiple days 	Request to retest with ACT Extended Time National Testing or ACT Special Testing by submitting side 1 of the appropriate form, along with a copy of their authorized accommodations letter from the statewide administration.

* Requests for additional or different accommodations require a new request form completed in full with documentation to support the new accommodations.

Additional Information

If you have questions, you may call us at 800/553-6244, ext. 1788 with accommodations questions, or email specific questions to ACTStateAccoms@act.org.



Purpose

The *ACT-Approved Application Header* is vital to the application process and is **required** from every school that submits an ACT-Approved Application. The header serves as a way for ACT to track applications throughout the approval process. Also, the high school code and name on the header indicates where the school intends to test their students and where test materials will be shipped.

- If the ACT-Approved Application is incomplete, or you do not submit this header, it will delay the application process.

Deadline

Refer to the **ACT-Approved Accommodations** deadline posted in the *Checklist of Dates*. It is recommended all applications be submitted well in advance of the deadline in order to receive a preliminary roster to verify timing codes for your students.

Action Needed

1. This document is perforated on the left. Tear the header at the perforation to separate the form from the rest of this document.

2. Review the *Application for Day 1 ACT-Approved Test Accommodations* forms being submitted ...

- ✓ Make sure all information has been completed on each application.
- ✓ Make sure all required documentation to support each application has been included.
- ✓ Make sure the student/parent and school official have signed and dated the application.

3. Complete This ...

- ✓ Print your information legibly below. It is imperative that the full school name and *correct* ACT High School Code is provided.

Name of High School: _____

ACT High School Code: _____

State: _____

Number of Completed Accommodations Forms Enclosed: _____

- ✓ Include an alphabetical list of students whose applications are being submitted to ACT under this header.
- ✓ Attach each student's *Application for Day 1 ACT-Approved Test Accommodations* form to their documentation.
- ✓ Submit as a group to ACT.

4. Sign and Submit ...

*This header **must** be signed by the appointed Test Accommodations Coordinator for your school for the current school year.*

Print TAC's Name: _____

**Work Phone
Number:** _____

TAC's Signature: _____

Date: _____

- ✓ Mail to: **ACT State Test Accommodations
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071**



Guidelines for Completing Section C of Application for Day 1 ACT-Approved Test Accommodations

MICHIGAN SPECIAL EDUCATION ELIGIBILITY CATEGORIES	ACT DIAGNOSED DISABILITY (Use these codes to complete Section C on the application form.)
Cognitive Impairment	Psychological Disability (03), (PD) Other Psychological/Cognitive Disability, including intellectual disability, explain on side 2, G
Emotional Impairment	Psychological Disability (03), (AX) Anxiety Disorder, explain on side 2, G (BD) Emotional/Behavioral Disorder (PD) Other Psychological/Cognitive Disability, including intellectual disability, explain on side 2, G
Hearing Impairment <u>or</u> Severe Multiple Impairment – hearing (Deafness) or Deaf-blindness	Physical/Sensory Disability(02), (DF) Hearing Impairment
Visual Impairment <u>or</u> Severe Multiple Impairment – visual (Blindness) or Deaf-blindness	Physical/Sensory Disability (02), (VI) Visual Impairment, explain on side 2, G
Physical Impairment <u>or</u> Severe Multiple Impairment – physical or health	Physical/Sensory Disability (02), (PH) Motor Impairment, explain on side 2, G
Other Health Impairment – ADHD or ADD	Psychological Disability (03), (AD) Attention Deficit Disorder/ADHD
Autism	Psychological Disability (03), (AU) Autism Spectrum Disorder, explain side 2, G
Other Health Impairment – such as asthma, diabetes, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia	Other Disability (07), (OD) Other, explain on side 2, G
Other Health Impairment - Epilepsy	Physical/Sensory Disability (02), (EP) Epilepsy or Seizures
Speech and language impairment	Other Disability (07), (OD) Other, explain on side 2, G
Specific Learning Disabilities (SLD):	
- Oral expression or listening comprehension	Learning Disability (01), (SL) Speech/Language Disorder, explain side 2, G
- Basic reading or reading comprehension	Learning Disability (01), (RD) Reading Disorder
- Mathematics calculation or mathematics reasoning	Learning Disability (01), (DA) Mathematics Disorder
- Written expression	Learning Disability (01), (DW) Writing Disorder/Written Expression
Traumatic Brain Injury	Other Disability (07), (OD) Other, explain on side 2, G



Application for Day 1 ACT-Approved Test Accommodations MME—Spring 2013



Important! This document is perforated on the left. Tear the application at the perforation to separate the form from the rest of this document.

Deadline: The deadline for ACT to receive ACT-Approved Accommodations applications from your school is **November 30, 2012**.

A. Student Information

(Please print or type.) Student address is required. If not available, school address may be used.

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

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>Learning Disability (01)</p> <input type="checkbox"/> (RD) Reading Disorder
<input type="checkbox"/> (DA) Mathematics Disorder
<input type="checkbox"/> (SL) Speech/Language Disorder*
<input type="checkbox"/> (DW) Writing Disorder/Written Expression | <p>Physical/Sensory Disability (02)</p> <input type="checkbox"/> (DF) Hearing Impairment
<input type="checkbox"/> (PH) Motor Impairment* (explain on side 2, G)
<input type="checkbox"/> (VI) Visual Impairment* (explain on side 2, G)
<input type="checkbox"/> (TR) Tourette's Syndrome
<input type="checkbox"/> (EP) Epilepsy or Seizures | <p>Psychological Disability (03)</p> <input type="checkbox"/> (AD) Attention Deficit Disorder/ADHD
<input type="checkbox"/> (AX) Anxiety Disorder* (explain on side 2, G)
<input type="checkbox"/> (BD) Emotional/Behavioral Disorder
<input type="checkbox"/> (AU) Autism Spectrum Disorder*
<input type="checkbox"/> (PD) Other Psychological/Cognitive Disability, including intellectual disability* (explain on side 2, G) |
|--|--|---|
- FSIQ _____
- Other Disability (07)
- (HB) Confined to home (explain on side 2, G)
 (OD) Other* (explain on side 2, G)

*Full documentation required

D. Test Format Requested

Check only one. Alternate formats must be supported by diagnosis and IEP, 504 Plan, or official accommodations 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 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"/> (07) Reader's Script w/ Regular Type | <input type="checkbox"/> (19) DVDs w/ Regular Type |
| <input type="checkbox"/> (02) Large Type (18-point) | <input type="checkbox"/> (08) Reader's Script w/ Large Type | <input type="checkbox"/> (20) DVDs w/ Large Type |
| <input type="checkbox"/> (03) Braille (printed copy included) | <input type="checkbox"/> (09) Reader's Script w/ Raised Line | <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 - large type only | <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), explain in detail, and submit supporting documentation. If a student is unable to produce independent writing, list the accommodations normally provided at school for writing tests (e.g., use of a scribe or computer).

- Other (be specific) _____



Student Name (Last, First, Middle Initial)

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, 504 Plan, or Official Accommodations Plan on File at School

The IEP, 504 Plan, or official accommodations 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.
 - Official accommodations plan; attach a copy of the test accommodations/services page(s) from the plan.
- Mark **ALL** school years for which the student has had an IEP, 504 Plan, or official accommodations plan **including year(s) before current school**.
 - a. 2012-2013 (grade 11) 2011-2012 (grade 10) 2010-2011 (grade 9) 2009-2010 (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, 504 Plan, or official accommodations 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)

Date

Note: School official may sign for parent/legal guardian only if verbal acknowledgement has been obtained by phone.

Mail to: **ACT State Test Accommodations**
301 ACT Drive
PO Box 4071
Iowa City 52243-4071

- Keep a photocopy for your files.
- Submit with ACT-Approved Application Header, follow instructions on form.



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