Good Example

MI

March 2007 Michigan Merit Examination (MME) Day 1
Request For ACT-Approved Test Accommodations
Receipt Deadline: December 1, 2006

This form is to be completed by a school official, such as counselor, special education teacher, or principal, following the instructions on page 2 of the folder entitled "Procedures for Requesting ACT Test Accommodations for Day 1 of the MME."

A. STUDENT INFORMATION. (Please print clearly.)

Doe Jane — Student Name (Last, First, Middle Initial)
1/1/91 — Date of Birth (Mo/Day/Yr)
011-11-1111 — Social Security Number (optional)

22 No Where Street — Student Street Address or PO Box
Anywhere — City
MI — State
11111 — Zip

Anywhere High School — Name of High School the Student Attends and Where the Student will Test
ACT High School Code (required): 9 9 9 9 9 9

Name of Home High School (only if different from the school the student attends)
ACT High School Code (required): ☐☐☐☐☐☐

B. DIAGNOSED DISABILITY. Check all that apply. A guide to selecting the appropriate category based on definitions from Michigan Special Education rules appears on page 4 of the folder entitled "Procedures for Requesting ACT Test Accommodations for Day 1 of the MME."

Learning Disability (01)
- ☐ (DA) Developmental Arithmetic Disorder
- ☐ (RD) Developmental Reading Disorder
- ☐ (DW) Developmental Writing Disorder/Written Expression
- ☐ (LD) Other Learning Disability (explain on Side 2, G)

Cognitive Disability (03)
- ☐ (AD) Attention Deficit Disorder/ADHD

Other Disability (07)
- ☐ (OD) Other (explain on Side 2, G)

Physical/Sensory Disability (02)
- ☐ (DF) Hearing Impairment
- ☐ (PH) Motor Impairment (explain on Side 2, G)
- ☒ (VI) Visual Impairment (explain on Side 2, G)
- ☐ (TR) Tourette's Syndrome
- ☐ (EP) Epilepsy or Seizures

Psychological Disability (03) **NOTE: FULL DOCUMENTATION REQUIRED**
- ☐ (AX) Anxiety Disorder (explain on Side 2, G)
- ☐ (PD) Other Psychological/Cognitive Disability (explain on Side 2, G)

C. TEST FORMAT REQUESTED. Check only one. Alternate formats must be supported by IEP or 504 Plan.

- ☐ (01) Regular Type (10-point)
- ☐ (02) Large Type (18-point)
- ☒ (03) Braille (printed copy included)
- ☐ (04) Cassette with Regular Type
- ☐ (05) Cassette with Large Type
- ☐ (06) Cassette with Raised Line/Braille Tables and Illustrations
- ☐ (19) Audio DVD with Regular Type
- ☐ (20) Audio DVD with Large Type
- ☐ (21) Audio DVD with Raised Line/Braille Tables and Illustrations
- ☐ (07) Reader's Script* with Regular Type
- ☐ (08) Reader's Script* with Large Type
- ☐ (09) Reader's Script* with Raised Line/Braille Tables and Illustrations

** Examinees using reader's script must test individually. Readers may **not** read the tests to a group of examinees.*

D. 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.**

Standard Time (only for Regular or Large Type):
- ☐ One session with standard breaks between tests
- ☐ One session with stop-the-clock breaks
- ☐ Authorization to test over multiple days

Extended Time:
- ☐ All tests on one day
- ☒ Authorization to test over multiple days

E. OTHER ACCOMMODATIONS REQUESTED. Mark only if other accommodations are needed **in addition to** extended time or alternate formats (for example, authorization to mark answers in test booklet), and enclose supporting documentation. If appropriate, please provide the number of the accommodation from the Spring 2007 MME Accommodations Summary Table.

☒ Other (be specific): mark answers in test booklet - 81

SUBMITTING THIS REQUEST: **Incomplete or unsigned forms will delay processing, which may result in the student having to test without accommodations.** The request must be submitted with a Test Accommodations Coordinator Header signed by your school's designated Test Accommodations Coordinator. Requests from your school should be sent as a group to: ACT State Test Accommodations–MI, 301 ACT Drive, PO Box 4071, Iowa City, IA 52243-4071. All requests must be **received** at ACT by **December 1, 2006.** (Keep a photocopy for your files.) Early applications are encouraged. If ACT has questions about the request, the Test Accommodations Coordinator will be contacted.

This form may be duplicated as needed.

(continued on Side 2)

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good exp 2

MI

Jane Doe
Student's Name (please print)

011-11-1111
Social Security Number (optional)

F. PREVIOUS APPROVAL OF 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.

G. DIAGNOSED DISABILITY. This is **required** and must be **more specific** than "learning disabled," "other health impaired," "perceptual communications disorder," "auditory processing deficits," etc. (For learning disabilities, check the psychoeducational report and other documentation on file at the school for a DSM-IV diagnosis and provide that if it is stated. If a DSM-IV diagnosis is not provided in any documentation now on file, state the specific characteristics of the student's impairment. 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.)

Legally Blind

H. HISTORY OF DIAGNOSIS. If first diagnosed before grade 9, complete only "age or grade of student" in section a. plus all information in section b. If first diagnosed *after* grade 8, all information requested in sections a. *and* b. must be completed.

When and by whom student was:	a. **FIRST** diagnosed.	b. recently re-diagnosed **(within last 3 years).**
Date (month/year):		2004
Age or grade of student:	3yrs	11
Person making diagnosis:	MD	Dr. Jones
Name/team	Dr. Jones	None
Job title(s)	MD	
Institutional affiliation	X	
Qualifications (degrees, specialization, certification)	MD	MD

Note: COMPLETE DOCUMENTATION REQUIRED if FIRST diagnosed within last 12 months OR for visual, hearing, psychological, emotional, or physical disorder. (See "Guidelines for Documentation.")

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 IEP or 504 plan has been in place **less than 12 months, complete diagnostic documentation is required.**

a. Mark the appropriate box and attach the required copy (which must include student's name and effective dates on all submitted pages).

☒ IEP; attach a copy of the test accommodations/services page(s) from the current IEP.

☐ 504 Plan; attach a complete copy of the current 504 Plan.

b. Mark **ALL** school years for which the student has had an IEP or 504 Plan, including year(s) before high school.

☒ 2006-2007 (grade 11) ☒ 2005-2006 (grade 10) ☒ 2004-2005 (grade 9) ☒ 2003-2004 (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.*

Lamy Jones
School Official's Signature (may not be a relative of the student)

Lamy Jones, Spec. Ed Consultant
Print Official's Name and Title

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)

Ms. Mary Doe
Parent/legal guardian signature (**required** if student is under 18). *NOTE: School official may sign for parent/legal guardian only if verbal approval has been obtained by phone.*

9/27/06
Date