

Request for MME Day 1 State Testing Accommodations Special Situations

(Use this form only between February 13 and 27, 2012)

Form(s) must be faxed to State Testing Accommodations at 319/337-1285 and received by **February 27, 2012**.

A. STUDENT INFORMATION			
Student Name (Last, First, Middle Initial) _____	Date of Birth (Mo/Day/Yr) _____		
Student Street Address or P.O. Box _____	City _____	State _____	Zip Code _____
B. TEST ACCOMMODATIONS COORDINATOR INFORMATION			
Test Accommodations Coordinator's Name _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> ACT High School Code		
Name of the High School Where Student Will Test _____	City _____	State _____	Zip Code _____
Test Accommodations Coordinator's Signature _____			
C. REASON FOR REQUESTING ACCOMMODATIONS AFTER THE DEADLINE (February 10, 2012)			
<input type="checkbox"/> TRANSFER STUDENT: Complete Page 2, Section D.			
<input type="checkbox"/> STUDENT NEW TO YOUR SCHOOL: This form must be submitted with a <i>Request for State-Allowed Accommodations</i> .			
Date of Enrollment _____			
Name of the High School Student Formerly Attended _____			
Former High School City _____			
<input type="checkbox"/> EMERGENCY MEDICAL OR LATE ONSET CONDITION: This form must be submitted with an <i>Application for ACT-Approved Test Accommodations</i> and documentation of the condition by a qualified professional (e.g., physician) or a <i>Request for State-Allowed Accommodations</i> .			
Date of the Onset _____			
Nature of the condition _____			
Check one: <input type="checkbox"/> ACT-Approved Accommodations <input type="checkbox"/> State-Allowed Accommodations			
<input type="checkbox"/> NEWLY IDENTIFIED DISABILITY: This form must be submitted with a <i>Request for State-Allowed Accommodations</i> .			
Date of the Onset _____			
Nature of the condition _____			
<input type="checkbox"/> OTHER: This form must be submitted with a <i>Request for State-Allowed Accommodations</i> and a statement describing the reasons why the student should receive accommodations after the deadline for accommodations requests has passed. Only State-Allowed Accommodations are available.			
Reason for requesting accommodations after the deadline _____			
Date of the Onset _____			
Nature of the condition _____			

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D. TRANSFER STUDENT: Student authorized for either ACT-Approved or State-Allowed Accommodations at one school within your state moving to another school within your state. The purpose of this section is to transfer a student's ACT State Testing accommodations (Day 1) from one test site to another. The section must be completed by both the test site the student is transferring from and the new test site. Submitting the information below will authorize ACT to ship the MME Day 1 test materials to the newly assigned test site.

NEW SCHOOL INFORMATION

Test Accommodations Coordinator's Name

□ □ □ - □ □ □

ACT High School Code

Name of the High School Where Student Will Test

City

State

Zip Code

I certify that the above named student has transferred to my school and that I am willing to administer the MME to the student with all of the accommodations approved at the student's former school.

Test Accommodations Coordinator's Signature

FORMER SCHOOL INFORMATION

Test Accommodations Coordinator's Name

□ □ □ - □ □ □

ACT High School Code

Name of the High School Student Formerly Attended

City

State

Zip Code

I understand that the above named student has transferred out of my school and I am no longer responsible for administering the MME to the student. I understand that any test materials that may be shipped to my school for this student should not be used by any other student, and I will return them to ACT along with my other accommodations materials after the testing window.

Test Accommodations Coordinator's Signature