ACT-Approved Accommodations Late Consideration Form

ACT State and District Testing

Complete this form to request ACT-approved accommodations for any of the reasons listed in section C below. All late consideration requests must be received at ACT by the late consideration deadline listed on your *Schedule of Events*.

Note: Examinees who were known to have a disability before the deadline to request ACT-approved accommodations, but who were missed during the request period are not eligible for late consideration. These examinees may use standard time, or non-college reportable accommodations (if part of your testing program).

Testing Information *Provide the test date for which you are requesting accommodations.* _____

A. Examinee Information

Examinee Name (Last, First, Middle Initial) _____ Date of Birth (Month/Day/Year) _____

Examinee Street Address or P.O. Box _____ City _____ State _____ ZIP _____

B. Test Coordinator Information

Test Coordinator's Name _____ ___ ___ ___ - ___ ___ ___ ACT High School Code

Name of the High School Where Examinee Will Test _____ City _____ State _____ ZIP _____

C. Reason for Requesting ACT-Approved Accommodations after the Deadline (Check one and complete the corresponding fields.)

☐ **Newly enrolled or newly classified grade level *with no* previously approved accommodations**

After the deadline to request ACT-approved accommodations, this examinee:

- enrolled in your school, or
- was classified into an eligible grade level, and
- does not have previously approved ACT-approved accommodations

Date of enrollment in your school or date of new classification _____ Name of former school, if applicable _____ City, if applicable _____

Attach a Request for ACT-Approved Accommodations.

☐ **Newly enrolled or newly classified grade level *with* previously approved accommodations**

After the deadline to request ACT-approved accommodations, this examinee:

- enrolled in your school, or
- was classified into an eligible grade level, and
- has previously approved ACT-approved accommodations, and
- wants the same previously approved ACT-approved accommodations

Date _____ ACT reference number or TAA PIN _____

Do not complete a Request for ACT-Approved Accommodations. *Enter the date the examinee last tested and/or the examinee's ACT reference number or Test Accessibility and Accommodations System (TAA) PIN in the box above.*

☐ **Newly identified disability**

After the deadline to request ACT-approved accommodations, this examinee:

- was evaluated or re-evaluated and diagnosed with a new disability
- was started on a new accommodations plan

Date of onset _____ Nature of the condition _____

Attach a Request for ACT-Approved Accommodations.

☐ **Medical emergency or sudden medical onset**

After the deadline to request ACT-approved accommodations, this examinee:

- suffered an injury (such as an injured dominant hand or arm), or
- suddenly developed a medical condition (such as sudden loss of vision), and
- cannot access the test

Date of onset _____ Nature of the condition _____

Attach a Request for ACT-Approved Accommodations.

D. Test Coordinator Agreement

I certify that the examinee named in Section A is enrolled at my school, that all information provided on this form is accurate to the best of my knowledge, and that I am willing to administer ACT-approved accommodations, if authorized by ACT, to this examinee.

Test Coordinator's Signature _____ Date _____

Fax to 319.337.1285 or email to ACTStateAccoms@act.org

Request for ACT-Approved Accommodations
ACT State and District Testing

General Information

Fill out this request only if:

- the examinee has a current Individualized Education Program (IEP), 504 Plan, official accommodations plan, or exceptions statement, and
- services provided on the accommodations plan address more than English proficiency.

IMPORTANT! Examinee/Parent Signature (on page 2) must be completed or this form cannot be processed.

Examinee Information (please print or type)

State Student ID Number (required)

Examinee Name (Last, First, Middle Initial) Date of Birth (Mo/Day/Yr)

Examinee Street Address or PO Box (if not available, use school address) City State Zip

Name of High School Where the Examinee Will Test ACT HS Code (required)
(This high school must match the high school on the *ACT-Approved Request Header*.)

Previous Accommodation Request Information

Has the examinee been previously approved for accommodations by ACT? ☐ Yes ☐ No

If yes, write in the date the examinee last tested, and/or the ACT Reference Number found on the examinee's approval letter.

Date:	ACT Reference Number:

Testing Information (Select the test event for which you are requesting accommodations.)

☐ Fall	☐ Early March	☐ Mid-March	☐ April

Diagnosed Disabilities (Check all that apply. Where a space is provided, write in the specific disability.)

Full scale IQ, if available: _____

Cognitive/Intellectual Disability

☐ (PD) Intellectual Impairment (FSIQ ≤ 85)
Full scale IQ is required if (PD) is checked: _____
☐ (TB) Traumatic Brain Injury
☐ (TB) Post-Concussive Syndrome

Learning Disability

☐ (RD) Reading Disorder/Dyslexia
☐ (DA) Mathematics Disorder
☐ (DW) Writing Disorder/Written Expression
☐ (SL) Speech/Language Disorder*

Motor Disability

☐ (PH) Cerebral Palsy
☐ (PH) Muscular Dystrophy
☐ (PH) Quadriplegia/Paralysis of Upper Extremities

Psychological Disability

☐ (AD) Attention Deficit Disorder/ADHD
☐ (AU) Autism Spectrum Disorder*
☐ (AX) Anxiety Disorder* _____
(e.g., obsessive compulsive disorder)

Psychological Disability continued

☐ (BD) Depression
☐ (BD) Emotional/Behavioral Disorder
☐ (AU) PDD/Asperger's*
☐ (TR) Tourette's Syndrome/Tic Disorder*

Sensory Disability

☐ (VI) Blind/Legally Blind (in both eyes)
☐ (DF) Deaf
☐ (DF) Hearing Impairment*
☐ (VI) Visual Impairment* _____
(e.g., 20/100 corrected visual acuity)

Physical/Medical Disability

☐ (OD) Diabetes
☐ (OD) Migraines
☐ (EP) Epilepsy/ Seizures*

Other Disability

☐ (HB) Confined to home _____
☐ (OD) Other* _____

***** *Full documentation, including specific diagnosis, is required.*

Plan Details

1. Check ALL school years in which an IEP, 504 Plan, or official accommodations plan has been in place for the examinee.

☐ Grade 12	☐ Grade 11	☐ Grade 10
☐ Grade 9	☐ Grade 8	☐ Before grade 8

2. Staple a copy of the most current test accommodations/services pages from the examinee's IEP, 504 Plan, or official accommodations plan to this request. If the examinee does not have a plan, provide an exceptions statement. Check the box next to what you are submitting.

☐ IEP	☐ Official accommodations plan
☐ 504 Plan	☐ Exceptions statement

The IEP, 504 Plan, official accommodations plan, or exceptions statement must state the need for the requested accommodations. The examinee's name and effective dates must also appear on each page.

Plan Details (continued)

3. Do any of the following apply?
   - The plan has been in place *less than one calendar year*.
   - Diagnosed Disabilities (on page 1) includes an asterisk indicating full documentation is required.
   - Any Additional Requests in Specific Accommodations (below) are checked.

   If yes, *also* staple a copy of full documentation, including specific diagnosis, to this request.

Specific Accommodations

Check *one* test format. Use of an alternate format must be supported by diagnosis and IEP, 504 Plan, or official accommodations plan. Examinees using a reader's script must test individually. Readers may not read the tests to a group of examinees. For oral presentation, choose DVD, *or* reader's script.

☐ (01) Regular type (10-point)
☐ (02) Large type (18-point)
☐ (03) Braille*
☐ (07) Reader's script w/ regular type
☐ (08) Reader's script w/ large type
☐ (09) Reader's script w/ tactile graphics
☐ (19) DVDs w/ regular type
☐ (20) DVDs w/ large type
☐ (21) DVDs w/ tactile graphics

** For braille only, you may check one additional format.*

Check the timing option most similar to the accommodations typically provided at school. 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 - large type (no extended time, no additional breaks)
☐ Standard time on each test, authorization to test over multiple days
☐ Extended time on each test, authorization to test over multiple days
☐ Self-paced time-and-a-half, all tests on one day
☐ Standard time on multiple choice, extended time (up to 80 minutes) on Writing Test, all tests in one day

Additional Requests (Full documentation, including specific diagnosis is required.)

Check additional requests which require approval in addition to extended time or an alternate format.

☐ Computer
☐ Assistive technology (describe) _____
☐ Scribe (for essay or if examinee cannot circle answers)
☐ Other (be specific) _____

IMPORTANT! Do not include local test arrangements (e.g., permitted calculators, examinee circling answers in the test booklet, testing examinees individually, using a wheelchair accessible room). Refer to the administration manual for information about locally approved accommodations and guidelines for providing them.

School Official Signature (may be a special education teacher, counselor, principal, test coordinator, or test accommodations coordinator)

I affirm that the examinee named on this form is enrolled at and/or attends this school, and I verify that the information provided on this form and in the ***attached IEP, 504 Plan, official accommodations plan, or exceptions statement 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 examinee) Print Official's Name and Title

Examinee/Parent Signature (cannot process if incomplete)

I verify that 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 request and will not become part of the examinee's permanent score record. If this request cannot be approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Examinee's Signature (*required* if 18 or older) Parent/Legal Guardian's Signature (*required* if examinee is under 18) Date

Note: The school official may complete this section only with the parent/legal guardian's verbal or written consent. The school official must write, "per parent phone call," or "per parent consent form," in Parent/Legal Guardian Signature line.

To Submit this Request

1. Ensure that:
   - the date last tested and ACT Reference Number are entered in the Examinee Information section (on page 1), if applicable
   - supporting documentation is stapled to this request (see Plan Details)
2. Follow the steps on the *ACT-Approved Request Header* to ensure you are providing all necessary documentation to ACT.
3. Send all requests and supporting documentation under a completed *ACT-Approved Request Header.*

ACT-Approved Request Header
ACT State and District Testing

Purpose

This *ACT-Approved Request Header* is used to:

- identify which school the requests are coming from
- ensure the number of requests enclosed matches the number of requests received

When to Include an ACT-Approved Request Header

Groups of requests and supporting documentation may be sent to ACT as they are ready. A completed header must be included with each group of requests and documentation. Send ***only one*** header per group of requests. If you are only sending one request, a completed header must still be included with the request.

Helpful Information

Sending the requests to ACT via a traceable method (FedEx, UPS) is preferred, so you can see when they're delivered.

Action Needed

Complete a header by following the steps below.

1. **Complete your school information.** (Print or type.)

   Name of high school:
   _____

   ACT High School Code: _____ State:
   _____

   Test coordinator's name:
   _____

   Test coordinator's phone number:
   _____

2. **Clip the following documentation to this header:**

   - ☐ an alphabetical list of examinees whose requests are enclosed (A list is not needed for one request.)
   - ☐ completed requests (Each request will have supporting documentation stapled to it.)

   IMPORTANT! Don't staple requests for different examinees together. Keep each examinee's request separate.

3. **Provide the number of requests enclosed**. (This number and the number of examinees on the list must match.) _____

   CAUTION! When sending in multiple requests, you must include a completed Request for ACT-Approved Accommodations for each examinee on the list you enclose. Please double check the list and requests to ensure they match before sending them to ACT. If an examinee is listed, but the request was not included, there may not be time for you to send the request to ACT to arrive by the receipt deadline. The receipt deadline will not be extended.

4. **Make a copy for your records of everything you are sending to ACT.**

5. **Send the materials to the following address to arrive no later than the receipt deadline on your *Schedule of Events*.**

   ACT State and District Testing Accommodations
   301 ACT Drive
   PO Box 4071
   Iowa City, IA 52243-4071