



Request for ACT-Authorized Accommodations and/or English Learner (EL) Supports 2019-2020

United States, US Territories, and Puerto Rico

General Information

- Incomplete and/or unsigned forms will not be processed.
- **The examinee must be registered for the selected test date prior to submitting this request.** Register or create an account at act.org. Provide the ACT ID in the box to the right.

ACT ID:

ACT OFFICE USE ONLY

ACT Test Date _____ REF# _____
 SPC _____ NAT _____ NW _____ WW _____
 Homeschool _____ No longer in HS _____ SF Case _____
 App Rec'd: ___/___/___ SF Case: _____

A. Examinee Information (print or type)

Examinee Name (Last, First, MI) _____ Email Address _____

Examinee Street Address or PO Box _____ City _____ State _____ Zip _____ Date of Birth (MM/DD/YYYY) _____

B. Testing Date (select only one)

2019 Test Date	Receipt Deadline	2020 Test Date	Receipt Deadline
<input type="checkbox"/> September 14	August 30	<input type="checkbox"/> February 8	January 17
<input type="checkbox"/> October 26	October 4	<input type="checkbox"/> April 4	March 13
<input type="checkbox"/> December 14	November 22	<input type="checkbox"/> June 13	May 22
		<input type="checkbox"/> July 18	June 26

C. Request Type (select all that apply)

- Supports for English Learners Accommodations for Examinees with Disabilities

D. Previously Approved Accommodations

If the examinee has tested with accommodations previously, provide the test date and/or TAA PIN.

TAA PIN _____ Test Date _____

Receipt Deadline: All requests for accommodations and EL supports, including appeals, must be received by midnight (central time) on the published deadline for your preferred test date.

English Learner Supports

Complete sections E and F if you are an English Learner. For further information, see the ACT Policy for English Learner Supports Documentation at <http://www.act.org/the-act/elsupdoc>.

E. EL Supports Documentation

Examinee must attach documentation establishing their English learner status. Please select all that apply.

- English Learner Plan IEP (Individualized Education Program) Official Support or Accommodations Plan
- English Language Proficiency assessment results Confirmation of eligibility or participation in an English language program Other

F. Requested Supports (select at least one)

Native Language: _____

- 50% time extension, single session Use of test directions in the native language*
- Use of an approved word-to-word bilingual dictionary Small group/testing in a familiar environment

*Test directions are currently available in Arabic, Chinese (Simplified & Traditional), French, German, Haitian Creole, Korean, Russian, Somali, Spanish, Tagalog, or Vietnamese.

Accommodations

Complete sections G-I if you are an examinee with a disability. For further information, see the ACT Policy for Accommodations Documentation at <http://www.act.org/the-act/accomdoc> and include full documentation with the request.

G. Diagnosed Impairment

Specific diagnosis: _____

*Required—Provide the specific diagnosis for learning disabilities; e.g., reading, mathematics, or written expression. Must be more specific than “learning disabled,” “other health impaired,” “perceptual communications disorder,” “auditory processing deficits,” etc.

H. Accommodations Documentation

Attach a copy of the examinee’s most recent accommodations plan. Indicate which type of plan is being submitted below. If there is no current plan to submit, please submit the **Exceptions Statement Form** in its place.

504 Plan Official Accommodations Plan IEP Exceptions Statement

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 Before High School

I. Accommodations Requested (check all that apply)

Note: Requested accommodations must match accommodations on the examinee’s Educational Plan or Exceptions Statement.

- | | | |
|--|---|--|
| <input type="checkbox"/> 50% time extension, single day | <input type="checkbox"/> Mark responses in test booklet | <input type="checkbox"/> Seating at the front of the room |
| <input type="checkbox"/> Written copy of spoken instructions | <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Large-Print (18-point only) booklet |
| <input type="checkbox"/> Individual testing, single room | <input type="checkbox"/> Access to medication while testing | <input type="checkbox"/> Access to food while testing |
| <input type="checkbox"/> Access to water while testing | <input type="checkbox"/> Stop-the-clock breaks | <input type="checkbox"/> Sign language interpreter for spoken instructions |

All of the above accommodations can be offered at a National test center. If the examinee requires any of the accommodations below, please work with a school to arrange a test administration through Special Testing and complete sections J and K.

- | | | |
|---|---|---|
| <input type="checkbox"/> Testing over multiple days | <input type="checkbox"/> 50% time extension, multiple days | <input type="checkbox"/> 100% time extension, multiple days |
| <input type="checkbox"/> 300% time extension, multiple days | <input type="checkbox"/> Computer for the writing portion of the test | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Pre-recorded audio (USB) | <input type="checkbox"/> Raised line drawings | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Braille (EBAE) | <input type="checkbox"/> Braille (UEB) without Nemeth | <input type="checkbox"/> Other (be specific): _____ |
| <input type="checkbox"/> Braille (UEB with Nemeth) | <input type="checkbox"/> Assistive technology (be specific): _____ | |

J. Special Testing Coordinator Information (fill out only if testing with Special Testing accommodations)

Test Coordinator Name (Last, First, MI)

School Name (attach explanation if not the examinee’s school)

Title

Phone Number (daytime)

Street Address of School
(required for shipping materials)

PO Box

Email Address

City

State/Province

ZIP/Postal Code

K. Test Coordinator Signature (fill out only if testing through Special Testing)

I certify that I personally meet ALL of the requirements specified by the [Test Coordinator Policies for ACT Special Testing](#) and that I, or a member of my staff who also meets the same requirements, will administer the tests in accordance with the ACT Administration Manual sent with the test materials. I will ensure that the test materials are kept secure and confidential, used for this examinee only, and returned to ACT immediately after testing.

I understand that by agreeing to be a Special Testing coordinator, I consent to the ACT Privacy Policy (www.act.org/privacy.html), which is incorporated into the Test Coordinator Policies for ACT Special Testing by reference, including consent to the collection of my personally identifying information and its subsequent use and disclosure.

International Test Coordinators: By signing below, I am also providing my consent to ACT to transfer my personally identifying information to the United States to ACT or a third party service provider for processing, where it will be subject to use and disclosure under the laws of the United States. I acknowledge and agree that it may also be accessible to law enforcement and national security authorities in the United States.

Test Coordinator's Signature

Date

L. School Official's Signature

I certify that the information on this form and in the attached documentation is accurate to the best of my knowledge.

Test Coordinator's Signature

Date

M. Examinee/Parent Signatures

I certify that the information provided is accurate to the best of my knowledge. I understand that by signing below, I consent to the ACT Privacy Policy (www.act.org/privacy.html), including consent to the collection of personally identifying information and its subsequent use and disclosure.

Without limiting the above statement, I specifically authorize the release to ACT of diagnostic information by school officials, physicians, or others having such information, and full documentation, if requested. I understand that any documentation provided to ACT will remain with the request and will not become part of my examinee score record.

International Examinees: By signing below, I am also providing my consent to ACT to transfer my personally identifying information to the United States to ACT or a third party service provider for processing, where it will be subject to use and disclosure under the laws of the United States. I acknowledge and agree that it may also be accessible to law enforcement and national security authorities in the United States.

Examinee's Signature

(Parent or guardian must also sign if examinee is under age 18.)

Date

N. Return of Request Form and Documentation

Submit this completed form and all required supporting documentation to:

Email: actacom@act.org

Fax: 319.341.2415

Mail: ACT Special Testing
301 ACT Drive, PO Box 4028
Iowa City, IA 52243