



This form must be completed for any ACT-Approved Accommodations requests submitted after the application deadline. These requests must be submitted by the late consideration deadline(s) listed on your *Checklist of Dates*.

<b>A. Student Information</b>			
_____		_____	
Student Name (Last, First, Middle Initial)		Date of Birth (Month/Day/Year)	
_____		_____	_____
Student Street Address or P.O. Box		City	State ZIP
<b>B. Test Accommodations Coordinator Information</b>			
_____		_____	
Test Accommodations Coordinator's Name		ACT High School Code	
_____		_____	_____
Name of the High School Where Student Will Test		City	State ZIP
<b>C. Reason for Requesting Accommodations after the Deadline (Check one and complete the corresponding fields.)</b>			
<i>See Page 2 for detailed descriptions</i>			
<input type="checkbox"/>	<b>Newly enrolled or newly classified grade level with no previously approved accommodations</b> <i>(Completed form must be received by 4/2/2014 in order for this consideration to apply)</i>		
	_____	_____	_____
	Date of enrollment in your school or date of new classification	Name of former school, if applicable	City, if applicable
	<i>Attach an Application for ACT-Approved Test Accommodations.</i>		
<input type="checkbox"/>	<b>Newly identified disability</b> <i>(Completed form must be received by 4/2/2014 in order for this consideration to apply)</i>		
	_____	_____	
	Date of onset	Nature of the condition	
	<i>Attach an Application for ACT-Approved Test Accommodations.</i>		
<input type="checkbox"/>	<b>Transfer student with previously approved accommodations</b> <i>(Completed form must be received by 5/1/2014 in order for this consideration to apply)</i>  <i>Filling out another Application for ACT-Approved Test Accommodations isn't necessary in this situation.</i>		
<input type="checkbox"/>	<b>Medical emergency or sudden medical onset</b> <i>(Completed form must be received by 5/1/2014 in order for this consideration to apply)</i>		
	_____	_____	
	Date of onset	Nature of the condition	
	<i>Attach an Application for ACT-Approved Test Accommodations.</i>		
<b>D. Test Accommodations Coordinator Agreement</b>			
<p><i>I certify that the student 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 student.</i></p>			
_____		_____	
Test Accommodations Coordinator's Signature		Date	

## Descriptions

### **Newly Enrolled or Newly Classified Grade Level with no Previously Approved Accommodations**

This student meets the testing program grade level eligibility requirements, does not have previously approved accommodations, and he or she:

- enrolled in your school after the deadline, or
- was newly classified after the deadline

### **Newly Identified Disability**

This student has been evaluated or diagnosed recently, a new disability has been identified, and an accommodations plan has been put in place after the deadline.

*This does not include students with a newly classified grade level.*

*Students who were known to the school to have a disability before the deadline but who were missed during the application period must test under standard (non-accommodated) conditions, or where applicable, with State-Allowed Accommodations.*

### **Transfer Student with Previously Approved Accommodations**

This student was granted ACT-Approved Accommodations at a school within the state (for State Testing), transferred to another school within the state, and wants the ACT-Approved Accommodations at the new school.

*This does not include students who transferred from another state, nor students who transferred within the state who had not been granted accommodations at their original school.*

### **Medical Emergency or Sudden Medical Onset**

This student suffered an injury or developed a sudden medical condition which will prevent him or her from accessing the examination.

Common conditions that qualify in this category are students who receive an injury to their dominant hand or arm (e.g., broken wrist) and cannot write. Schools may arrange for these students to mark the answers to the multiple-choice questions in the test booklet. Testing staff can transcribe the answers to the answer document after testing. If the student must take the writing test, a scribe may be necessary for the student to dictate the essay response. Other medical emergencies or conditions will also qualify, such as a sudden loss of vision. ACT will consider each case individually.