



Receipt Deadline: Applications for Day 1 ACT-Approved Test Accommodations must be received at ACT by **January 24, 2014**.

General Information

Fill out this application only if:

- students have a current Individualized Education Program (IEP) or 504 Plan, and
- provided services address more than English proficiency.

IMPORTANT! Student/Parent Signature (section J) must be completed or this form cannot be processed.

A. Student Information (Please print or type.)

Student Name (Last, First, Middle Initial)	Date of Birth (Mo/Day/Yr)		
Student Street Address or PO Box (if not available, use school address)	City	State	Zip
Name of High School Where the Student Will Test (The high school must match the high school on the ACT-Approved Application Header.)		ACT HS Code (required)	

B. Previous Approval of the Same Accommodations on the ACT

Has the student been approved for accommodations on the ACT and does the current IEP or 504 Plan support providing these accommodations?

- If *yes*, complete only Student Information (section A), and in the box to the right, write in the ACT Reference Number found on the student's approval letter. Then submit this application.
- If *no*, complete the entire application (sections A - J) and attach required documentation before submitting.

ACT Reference Number <hr style="width: 80%; margin: 0 auto;"/>

C. Diagnosed Disability

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

Full Scale IQ, if available: _____

Learning Disability (01)

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

Physical/Sensory Disability (02)

- (DF) Hearing Impairment*
- (PH) Motor Impairment* _____
(e.g., cerebral palsy)
- (VI) Visual Impairment* _____
(e.g., 20/100 corrected visual acuity)
- (TR) Tourette's Syndrome*
- (EP) Epilepsy or Seizures*

Psychological Disability (03)

- (AD) Attention Deficit Disorder/ADHD
- (AX) Anxiety Disorder* _____
(e.g., obsessive compulsive disorder)
- (BD) Emotional/Behavioral Disorder
- (AU) Autism*
- (AU) Autism Spectrum/PDD*
- (TB) Traumatic Brain Injury*
- (PD) Other Psychological/Cognitive Disability, including intellectual disability (*Full Scale IQ is required*)

Other Disability (07)

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

* Full documentation, including specific diagnosis, is required.

D. Test Format Requested

Check *one*. Alternate format must be supported by diagnosis and IEP or 504 Plan. Students using reader's script must test individually. Readers may not read the tests to a group of students. For oral presentation, choose DVDs *or* reader's script.

- | | | |
|---|---|--|
| <input type="checkbox"/> (01) Regular type (10-point) | <input type="checkbox"/> (07) Reader's script w/ regular type | <input type="checkbox"/> (19) DVDs w/ regular type |
| <input type="checkbox"/> (02) Large type (18-point) | <input type="checkbox"/> (08) Reader's script w/ large type | <input type="checkbox"/> (20) DVDs w/ large type |
| <input type="checkbox"/> (03) Braille* | <input type="checkbox"/> (09) Reader's script w/ raised line drawings | <input type="checkbox"/> (21) DVDs w/ raised line drawings |

* For Braille, you may check additional formats.

E. Time Requested

Check the option most similar to the accommodations normally 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.

- | | |
|---|---|
| <input type="checkbox"/> Standard time - large type (no extended time, no additional breaks) | <input type="checkbox"/> Extended time on each test; authorization to test over multiple days |
| <input type="checkbox"/> Standard time on each test; authorization to test over multiple days | <input type="checkbox"/> Self-paced time-and-a-half, all tests on one day |

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

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

- | | |
|--|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Assistive technology (describe) _____ | <input type="checkbox"/> Other (be specific) _____ |

Do not include permitted calculators or locally approved accommodations (e.g., circling answers in the test booklet, testing students individually, using a wheelchair accessible room). Refer to the Standard Time Supervisor's Manual for examples of locally approved accommodations.



Student Name (Last, First, Middle Initial)

G. Current IEP or 504 Plan

1. Staple a copy of the most current test accommodations/services pages from the student's IEP or 504 Plan to this application. Check the box to indicate the plan you are submitting.

- IEP
- 504 Plan

The IEP or 504 Plan must state the need for extended time, an alternate format, and/or any additional requests. The student's name and effective dates must also appear on each page.

2. Check ALL school years in which an IEP or 504 Plan has been in place for the student.

- Grade 11
- Grade 10
- Grade 9
- Grade 8
- Before grade 8

3. Do any of the following apply?

- The plan has been in place *less than 3 academic years, OR*
- Diagnosed Disability (section C) includes an asterisk indicating full documentation is required, OR
- Any Additional Requests (section F) are checked.

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

H. History of Diagnosis

Complete the chart below.

When was the student:	First diagnosed (if available)	Reconfirmed (within last 3 academic years)
Date (month/year):		
Age or grade of student:		

I. School Official Signature (May be a special education teacher, counselor, principal, or the Test Accommodations Coordinator.)

I affirm that the student 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 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.

School Official's Signature (may not be a relative of the student) Print Official's Name and Title

J. Student/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 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 ACT-Approved Accommodations.

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

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

To Submit this Application

1. Ensure that either:
 - the ACT Reference Number is entered in section B, OR
 - supporting documentation is stapled to each application as directed in section G.
2. Follow the steps on the *ACT-Approved Application Header* to ensure you are providing all necessary documentation to ACT.
3. Send all applications and supporting documentation under a completed *ACT-Approved Application Header*.



Purpose

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

- Identify where the applications are coming from.
- Ensure the number of applications enclosed matches the number of applications received.

A completed header must be included with each application or batch of applications mailed to ACT.

Send **only one** header per group of applications.

Helpful Information

Sending the applications to ACT via a traceable method (FedEx, UPS) is preferred. Groups of applications and supporting documentation may be sent as they are ready.

Action Needed

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

Name of High School: _____

ACT High School Code: _____ State: _____

Test Accommodations Coordinator's Name: _____

2. Clip the following documentation to this header:

- an alphabetical list of students whose applications are enclosed (A list is not needed for one application.)
- completed applications
- supporting documentation (Staple supporting documentation to each application.)

3. Provide the number of applications enclosed. (This number and the number of students must match.) _____

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 *Checklist of Dates*.

ACT State Test Accommodations
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071



Introduction

This document contains information the Test Accommodations Coordinator (TAC) and Test Supervisor (TS) need in order to request or arrange test accommodations for the ACT[®] college readiness assessment.

Available Accommodations

The following test accommodations are available for the ACT.

- ACT-Approved: These are determined by ACT in compliance with the Americans with Disabilities Act (ADA) and the *Diagnostic and Statistical Manual of Mental Disorders*, 4th or 5th Edition.
- Locally Approved: These are determined by the TAC and TS following specific ACT policy.
- State-Allowed: These are determined by the TAC following state guidelines.

Comparison of Accommodations

Use the chart below to determine which option is appropriate for students.

	ACT-Approved	Locally Approved	State-Allowed
Are scores college reportable?	<ul style="list-style-type: none"> • Yes, scores may be reported to colleges, scholarship agencies, or other entities. 	<ul style="list-style-type: none"> • Yes, scores may be reported to colleges, scholarship agencies, or other entities. 	<ul style="list-style-type: none"> • No, scores may <i>only</i> be used for state or district assessment purposes. They are not available to report to colleges, scholarship agencies, or other entities.
What options are available?	<ul style="list-style-type: none"> • <i>Extended time or additional breaks</i> <ul style="list-style-type: none"> ○ More than standard time ○ Testing over multiple days ○ Additional or stop-the-clock breaks • <i>Alternate formats or response modes</i> <ul style="list-style-type: none"> ○ Braille, Large type, DVDs, or a reader ○ Scribe or computer on Writing Test 	<ul style="list-style-type: none"> • Wheelchair accessible room • Seating near the front of room • Irlen filters/color overlays • Individual or small group testing • Snacks for diabetics • Written verbal instructions and visual notification of time • Sign language interpreter (not a relative, not for test items) • Circling the answers in the test booklet 	<ul style="list-style-type: none"> • <i>Extended time or additional breaks</i> <ul style="list-style-type: none"> ○ More than standard time ○ Testing over multiple days ○ Additional or stop-the-clock breaks • <i>Alternate formats or response modes</i> <ul style="list-style-type: none"> ○ Large type, DVDs, or a reader ○ Spanish video DVDs for ACT Mathematics and ACT Science ○ Scribe or computer on Writing Test • Translated Verbal Test Instructions
What are the eligibility requirements?	<p>ACT-Approved Accommodations are available for students with:</p> <ul style="list-style-type: none"> • <i>Professional Diagnosis.</i> • <i>Current Individualized Education Program (IEP), or Section 504 Plan.</i> <p>For details, refer to the Guiding Principles section of this document.</p> <p><i>Note: Students receiving services solely for limited English proficiency do not qualify for ACT-Approved Accommodations.</i></p>	<p>The TAC and TS may provide testing accommodations without consulting with ACT if <i>all</i> of the following apply:</p> <ul style="list-style-type: none"> • accommodations are consistent with the student's accommodation plan at school, • testing is completed in one session using standard time, • testing occurs on the initial or makeup test date, • no additional breaks or stop-the-clock breaks are provided, • the student uses a regular type (10-point) test booklet, • accommodations do not disrupt testing, or provide an advantage to the student. 	<p>State-Allowed Accommodations are available for students:</p> <ul style="list-style-type: none"> • With an IEP or Section 504 Plan that does not meet the eligibility requirements for ACT-Approved Accommodations. • Whose request for ACT-Approved Accommodations could not be approved. • Receiving services solely for limited English proficiency (LEP).
Is ACT approval required?	<ul style="list-style-type: none"> • Yes. Refer to the Applying for ACT-Approved Test Accommodations section below. 	<ul style="list-style-type: none"> • There is no approval process. No order or application is necessary. • Order and use standard time materials for testing. 	<ul style="list-style-type: none"> • There is no approval process. • The TAC must order the test type and quantity needed at: www.act.org/aap/state/saorder.html. Refer to the <i>Checklist of Dates</i> for the order window.

Determining Day 2 Accommodations

ACT's approval of accommodations applies to the Day 1 administration only. School personnel may use ACT's approval as a guideline for accommodations on Day 2 to the extent that the same accommodations are appropriate to the nature of those tests and consistent with a student's IEP or 504 Plan. There is no application form for accommodations for Day 2. The TS, in consultation with the TAC, must order the quantity and type of alternate formats needed from Pearson's *PSAE TestSites Online* website. Test materials ordered for Day 2 are not assigned to specific students.



Applying for ACT-Approved Test Accommodations

Process Overview

The process for review of *Applications for Day 1 ACT-Approved Test Accommodations* is shown below.

Stage	Who	Does What
1	TAC	<ul style="list-style-type: none"> sends applications to ACT
2	ACT	<ul style="list-style-type: none"> receives and reviews applications notifies TAC of any requests ACT is unable to approve sends preliminary roster of fully or partially approved accommodations to the TAC
3	TAC	<ul style="list-style-type: none"> reviews notification letters and rosters sends additional documentation to ACT for reconsideration, if applicable
4	ACT	<ul style="list-style-type: none"> ships final roster of fully or partially approved accommodations with test materials to the TAC

Section C of ACT-Approved Accommodations Application

The chart below provides special education eligibility categories and the equivalent ACT-Approved Accommodations diagnosed disabilities to help the TAC fill out section C of the *Application for Day 1 ACT-Approved Test Accommodations*.

Special Education Eligibility Categories	ACT Diagnosed Disability	
Reading disorder	Learning Disability (01)	(RD) Reading Disorder
Mathematics disorder		(DA) Mathematics Disorder
Speech and language disorder		(SL) Speech/Language Disorder
Writing Disorder/Written Expression		(DW) Writing Disorder/Written Expression
Hearing Impairment or Severe Multiple Impairment: hearing (deafness) or deaf-blindness	Physical/Sensory Disability (02)	(DF) Hearing Impairment
Visual Impairment or Severe Multiple Impairment: visual (blindness) or deaf-blindness		(VI) Visual Impairment
Physical Impairment or Severe Multiple Impairment: physical or health/Tourette's Syndrome		(PH) Motor Impairment (TR) Tourette's Syndrome
Other Health Impairment: Epilepsy		(EP) Epilepsy or Seizures
Other Health Impairment: ADHD or ADD	Psychological Disability (03)	(AD) Attention Deficit Disorder/ADHD
Emotional Impairment		(AX) Anxiety Disorder (BD) Emotional/Behavioral Disorder (PD) Other Psychological/Cognitive Disability, including intellectual disability
Autism		(AU) Autism/(AU) Autism Spectrum Disorder
Traumatic Brain Injury/Post Concussive Syndrome		(TB) Traumatic Brain Injury/Post Concussive Syndrome
Cognitive Impairment		(PD) Other Psychological/Cognitive Disability, including intellectual disability
Other Health Impairment including but not limited to: asthma, diabetes, heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia	Other Disability (07)	(HB) Confined to home (OD) Other



Section D of ACT-Approved Accommodations Application

The information below will help the TAC fill out section D of the *Application for Day 1 ACT-Approved Test Accommodations*. It explains what is included in the test package for each test format.

Test Format Requested	Test Package Includes:
(01) Regular type	Regular type test booklet
(02) Large type	Large type test booklet Large type worksheet Regular type test booklet
(03) Braille	Braille test booklet Regular type test booklet
(07) Reader's script with regular type	Reader's script Regular type test booklet
(08) Reader's script with large type	Reader's script Large type test booklet Large type worksheet Regular type test booklet
(09) Reader's script with raised line drawings	Reader's script Raised line drawings Regular type test booklet

Test Format Requested	Test Package Includes:
(19) DVDs with regular type	English audio DVDs DVD Usage Guidelines DVD Track Listings Regular type test booklet
(20) DVDs with large type	English audio DVDs DVD Usage Guidelines DVD Track Listings Large type test booklet Large type worksheet Regular type test booklet
(21) DVDs with raised line drawings	English audio DVDs DVD Usage Guidelines DVD Track Listings Raised line drawings Regular type test booklet

You may order alternate format practice materials from ACT at no charge at: http://media.actstudent.org/documents/alt_practice.pdf.

Accommodations Not Approved

If ACT is unable to approve any of the requested accommodations, a notification letter will be mailed to the TAC. This is the first such notification. The TAC may submit additional documentation for ACT to reconsider the request. If ACT is still unable to approve the request, the TAC must administer the test using standard time and standard materials or order and administer the test using State-Allowed Accommodations.

Preliminary Roster

ACT will send a preliminary roster to the TAC, to arrive approximately four weeks before the testing window. The preliminary roster is the first notification of ACT-Approved Accommodations. It will show you:

- *fully-approved* accommodations: these are accommodations ACT approved as requested, and
- *partially-approved* accommodations: these are accommodations ACT approved only in part.

The TAC has approximately one week to review the preliminary roster and contact ACT with requested changes.

Final Roster

ACT will send a final *ACT-Approved State Testing Accommodations Roster* to the TAC approximately one week before the testing window. It will accompany the secure test materials. The final roster lists full or partial approval of ACT-Approved Accommodations. Students must be tested with only the accommodations listed on the final roster. No additional accommodations are authorized.

Contacting Us

For questions, contact ACT via one of the following means:

- **Phone:** 800.553.6244, extension 1788
- **E-mail:** ACTStateAccoms@act.org
- **Fax:** 319.337.1285, to the attention of "State Testing Accommodations"



Guiding Principles

Introduction

The purpose of the *Guiding Principles* is to provide the information Test Accommodations Coordinators (TAC) need in order to provide the documentation required to support requests for ACT-Approved Accommodations to ACT.

Professional Diagnosis

The disability must be diagnosed by a qualified professional with credentials appropriate to the diagnosis. A psychologist, psychiatrist, physician, or learning disabilities specialist/team may diagnose learning disabilities. Only a physician may diagnose physical disabilities.

Policy for Documentation

ACT-Approved Accommodations are provided to students with disabilities in accordance with *Title III of the Americans with Disabilities Act (ADA)*. The ADA defines a disability as a mental or physical impairment that substantially limits a major life activity compared to the average person in the general population. The guidelines of the *Diagnostic and Statistical Manual of Mental Disorders, 4th or 5th Edition (DSM-IV or DSM-V)* are used to substantiate the presence of a disabling condition.

To qualify for ACT-Approved Accommodations, the school must provide documentation which shows:

- The diagnosed condition substantially limits one or more major life activities.
- Requests are appropriate and reasonable for the documented disability.

Documentation Requirements

Documentation must be written by the diagnosing professional and must meet *all* of these guidelines:

- States the specific impairment as diagnosed.
- Is current (*diagnosed or reconfirmed within three academic years*).
- Describes presenting problems and developmental history, including relevant educational and medical history.
- Describes substantial limitations (adverse effects on learning, or other major life activities) resulting from the impairment, as supported by test results.
- Describes recommended accommodations and provides rationale explaining how these specific accommodations address the substantial limitations.
- Establishes the professional credentials of the evaluator, including information about licensure or certification, education, and area of specialization.
- Includes comprehensive assessments (neuropsychological or psychoeducational evaluations), with evaluation dates, used to arrive at the diagnosis.

The information below indicates the required documentation for each condition.

Learning Disabilities	TBI or PCS (continued)
Complete test/subtest results, with <i>standard scores</i> and percentiles from:	<ul style="list-style-type: none"> o Status and diagnosis upon hospital admission. o Length of hospital stay. o Discharge date, review of type and outcome of outpatient therapy (Occupational Therapy, Physical Therapy, Speech Therapy), if applicable.
<ul style="list-style-type: none"> o An aptitude assessment using a valid and comprehensive battery. o An achievement battery. o An assessment of information processing. o And, evidence that alternative explanations were ruled out. 	Visual Impairments
ADD/ADHD	<ul style="list-style-type: none"> o Specific ocular diagnosis; o Record of complete, current (<i>within past 12 months</i>) ocular examination by an optometrist or ophthalmologist including: chief complaint, history of illness, visual acuity, ocular motility exam (versions, tropias, phorias, stereopsis), slit lamp exam, visual field, and pupil, optic nerve, and retina exam o If the diagnosed condition is purported to affect reading, results of a <i>measure of reading</i> (decoding, rate, and comprehension).
<ul style="list-style-type: none"> o Evidence of early impairment. o Evidence of current impairment, including presenting problem and diagnostic interview. o Evidence that alternative explanations were ruled out. o Results from valid, standardized, age-appropriate assessments. o Number of DSM-IV criteria and how they impair the individual. 	Hearing Impairments
Psychiatric Conditions	<ul style="list-style-type: none"> o Most recent evaluation of communication skills including speech, and receptive/expressive language skills. o If additional information is available, (psychoeducational evaluation) provide standard scores and percentiles achieved on all tests administered.
<ul style="list-style-type: none"> o Age of onset and course of illness. o Psychological tests used. o History of treatment for the disorder. o If treatment includes medication, evidence of continued impairment, despite the benefits of medication. o How the impairment affects functioning across settings. (If the impairment interferes with the student's ability to take a standardized timed multiple choice test, such as the ACT, explain.) o If requesting test accommodations for access, suggest specific accommodations and how they will address the student's functional impairments. o Due to the variable nature of these conditions, documentation must be <i>current within the past year</i>. 	Autism Spectrum Disorder
Traumatic Brain Injuries (TBI) or Post Concussive Syndrome (PCS)	<ul style="list-style-type: none"> o Information in the areas such as adaptive behavior, executive functioning, attention, mental health, and academic fluency, to support an inability to take a standardized exam in a quiet, controlled setting in the normal time allotted.
<ul style="list-style-type: none"> o Evidence of <i>current</i>, continued educational impairment relating to requested accommodations, <i>supported by objective data</i> (psychological or neuropsychological testing, observations, rating scales, etc.). o Date of incident/accident. 	Tourette's Syndrome
	<ul style="list-style-type: none"> o History regarding type, frequency, intensity, and duration of motor, visual, and/or verbal tics. o If medication or other factors (lighting, noise, etc.) are known to exacerbate the student's condition, provide documentation to describe. o If the tics are cause for academically-relevant concerns, (slow reading rate, diminished fluency, or poor attention/concentration) provide evidence from diagnostic tests, rating scales, and teacher observations to objectively support anecdotal findings.

Note: Include letters from teachers discussing specific ways in which the condition affects daily classroom functioning to strengthen supporting documentation for Psychiatric Conditions and Traumatic Brain Injury/Post Concussive Syndrome.

Confidentiality of Documentation

Documentation will be kept confidential and used solely to review accommodations requests. It will not become part of the student's ACT score record.