

**AMHERST REGIONAL HIGH SCHOOL  
REQUESTING TESTING ACCOMMODATIONS FOR ACT TESTING**

**REGISTERING TO TEST WITH ACCOMMODATIONS:**

To request accommodations for an administration of the ACT, examinees must first:

- Create an ACT web account, or log in to an existing account
- Register for a test date
- Indicate that they need accommodations

**SUBMIT REQUEST TO SCHOOL TESTING COORDINATOR:**

All accommodation requests must be submitted to ACT by the ARHS school coordinator through the Test Accessibility and Accommodations System on-line program by the published registration deadline for your preferred test date (see below). In order to meet that deadline, ***examinees must register and submit the proper paperwork to Cathy Tracy, school coordinator, at least one week prior to the ACT Registration deadline (see third column below).***

Your packet should include:

1. Copy of **email** which you will receive from ACT upon completion of your registration
2. A signed **Parent Agreement Form** (copy attached)
3. Any appropriate supporting **Documentation** (i.e., Copies of IEP or 504 plan, testing information, medical diagnosis, Teacher Surveys—copy attached). All documentation provided to ACT will be kept confidential, will be used solely to determine eligibility for accommodations, and will not become part of your score record.

<b>Test Date</b>	<b>Test and Registration/ Accommodations Request Deadline</b>	<b>Deadline to submit Accommodations Request to School TAA Coordinator (at least one week prior to test registration deadline)</b>
December 9, 2017	November 17, 2017	November 9, 2017
February 10, 2018	January 19, 2018	January 12, 2018
April 14, 2018	March 23, 2018	March 16, 2018
June 9, 2018	May 18, 2018	May 11, 2018
July 14, 2018	June 22, 2018	June 15, 2018

# ACT ACCOMMODATION REQUEST FORM

(FOR EL STUDENTS AND/OR STUDENTS WITH DIAGNOSED DISABILITIES)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

STUDENT GRADE:  12  11  10  9 STUDENT DOB: \_\_\_\_\_

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## SECTION ONE – EL LEARNERS

Are you requesting English learner supports at school?

YES  NO

Does the Examinee receive English learner supports at school?

YES  NO

Please specify the examinee's native language:

- Spanish
- Mandarin(spoken)/Chinese Traditional(written)
- Mandarin(spoken)/Chinese Simplified(written)
- Cantonese(spoken)/Chinese Traditional(written)
- Cantonese(spoken)/Chinese Simplified(written)
- Arabic
- Russian
- French
- German
- Vietnamese
- Korean
- Haitian Creole
- Tagalog
- Somali

Other – please specify: \_\_\_\_\_

## **SECTION 2: STUDENTS WITH DISABILITIES**

Are you requesting ACT-Approved Accommodations for the examinee?

- YES       NO

### **DIAGNOSED DISABILITY (Please check all that apply)**

#### **Cognitive/Intellectual Disability**

- Intellectual Impairment (FSIQ=<85)-DSM 319.00
- Traumatic Brain Injury
- Post-Concussive Syndrome

#### **Learning Disability**

- Reading Disorder/Dyslexia – DSM 315.00
- Math Disorder – DSM 315.1
- Disorder of Written Expression – DSM 315.2

#### **Motor Disability**

- Cerebral Palsy
- Muscular Dystrophy
- Quadriplegia/Paralysis of Upper Extremities

#### **Psychological Disability**

- Attention Deficit Disorder (ADHD)-DSM-314.00
- Autism Spectrum Disorder-DSM 299.00
- Depression
- Anxiety Disorder
- Depression
- Anxiety Disorder
- Emotional Behavioral Disorder (school team)
- PDD, Asperger's DSM-299.80
- Tourette's Disorder

#### **Sensory Disability:**

- Blind/Legally Blind (in both eyes)
- Deaf
- Hearing Impairment
- Visual Impairment

#### **Physical/Medical Disability:**

- Diabetes
- Migraines
- Epilepsy/Seizures

**Other Disability (not listed above):**

If the examiner's diagnosed condition does not appear on the above list, please enter a specific diagnosis below. Note: if the diagnosed condition appears on the above list, please do not also write it below, as this will delay processing.

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**What kind of Accommodation Plan does the examinee have?**

- IEP
- 504
- Official Accommodations Plan

**How long has the plan been in place:**

- Less than 4 months
- 4 Months or more

**SELECT ALL ACCOMMODATIONS YOU WOULD LIKE TO REQUEST**

NOTE: All accommodations requested must be listed on your documentation.

**Setting and Location:**

- Preferential Seating – school provides
- Individual Test Administrator (Room to self)
- Small Group Testing

**Response and Navigation:**

- Scribe
- Speech to Text
- Computer (Essay or short answer for paper testing only)

**Presentation & Formats:**

- LG Print Test Book (18 pt. font) & Answer Booklet
- Braille Book (Braille Questions with Raised Line Drawings)
- Raised Line Drawings (only)
- Reader (Human)
- Pre-Recorded Audio
- Unified English Braille (UEB) with Nemeth Code and Raised Line Drawings

**Timing:**

- TC1-Standard Time
- TC2-Double Time
- TC3-Triple Time
- TC5-Standard Time (over multiple days)
- TC5-Standard Time with stop-the-clock breaks (one day)
- TC6-Time-and-one-half, self-paced (one day)
- TC7-Time and one-half (over multiple days)

**Other (not listed above)**

You may also request accommodation(s) that do not appear on the standard accommodations list on the lines below. If the requested accommodation appears on the standard list, please do not also enter it in the "other" section as this will delay processing.

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Examinee Name \_\_\_\_\_

Class \_\_\_\_\_

Yes\*

No

Does the examinee use accommodations or English learner (EL) supports in your class?

\*If yes, how frequently?

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What types of additional help did the examinee request for your class?

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Please provide examples of the examinee's struggle and/or success in your class.

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Evaluate the examinee in the following areas. Provide comments if appropriate.

Subject	Below Average	Average	Above Average	Comments
Academic Skills				
Homework Completion				
Communication				
Follows Directions				
Attention				
Behavior				
Social Skills				

Please provide any additional information that supports the examinee's request for testing with accommodations or EL supports.

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Teacher Name \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_



## Consent to Release Information to ACT

Print the examinee's first and last name.

\_\_\_\_\_

Examinee First Name

\_\_\_\_\_

Examinee Last Name

### Examinee/Parent Signature

*I verify that the information provided in the accommodations request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of documents or other information related to this request by school officials, physicians, or others having such information, if requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.*

\_\_\_\_\_

guardian signature, or student signature if over age 18

\_\_\_\_\_

Date

Parent or legal

### Telephone Consent

*I verify that I have spoken to the examinee's parent or legal guardian by telephone, and obtained his or her permission to release information to ACT specifically as described above.*

\_\_\_\_\_

School official's signature

\_\_\_\_\_

Date