



# Request for ACT Extended Time National Testing 2015–2016

Side 1: Sections A through F must be completed by the examinee/parent. Please print clearly.

## A. Examinee Information (print or type)

Name (Last, First, Middle Initial)			ACT ID (from ticket)
Street Address or PO Box			Date of Birth
City	State /Province	ZIP /Postal Code	Phone Number (include area code)
High School / College Currently Attending			High School Code (if currently attending)

## B. Test Date/Test Option and Test Center Choices

- This request will be processed only if returned with a copy of your ticket postmarked by the deadline for the test date on the ticket.
- For a complete list of deadlines, visit [www.actstudent.org](http://www.actstudent.org).
  - Requests postmarked after the regular deadline, but received by the late deadline, will be processed.
  - If the request is received after the late deadline, you will receive a letter asking if you want the request considered for the next test date.

Test Date (mark only one)	Postmark Deadline	Test Option	Preferred Test Center
<input type="checkbox"/> September 12, 2015	August 7	<input type="checkbox"/> ACT (no writing) <input type="checkbox"/> ACT with writing	Test Center Code
<input type="checkbox"/> October 24, 2015	September 18		Test Center Name
<input type="checkbox"/> December 12, 2015	November 6		City, State/Province, ZIP/Postal Code, Country
<input type="checkbox"/> February 6, 2016	January 8		
<input type="checkbox"/> April 9, 2016	March 4		
<input type="checkbox"/> June 11, 2016	May 6		

## C. Test Format Requested

- Mark only one format. Braille, DVDs, and readers are offered only through Special testing. If you need any of those formats, complete the *Request for ACT Special Testing*.
- Regular Type (10–point) booklet with scannable answer sheet
- Large Type (18–point only) booklet with both scannable and large block answer sheets  
**Note:** If you request a large type booklet, you must submit documentation of a visual disability.

## D. Other Accommodations Requested

- Mark only if applicable and enclose supporting documentation.
- Examinees approved for extended time are assigned to an extended time room (normally 10 or fewer examinees).
- It is your responsibility to request accommodations in addition to extended time.
- Testing over more than one day or with a scribe or computer for the writing test is offered only through Special testing.
- Seating at front of room (only if normally provided at school)
- Wheelchair access; table (not desk)
- Written copy of spoken instructions
- Mark responses in test booklet
- Authorization to bring sign language interpreter for spoken instructions (not test items)
- Other \_\_\_\_\_

## E. Examinee Signature (required)

I certify that I am the person whose information is submitted on this Request for ACT Extended Time National Testing form and 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](http://www.act.org/privacy.html)), which is incorporated into this form by reference, including consent to the collection of personally identifying information and its subsequent use and disclosure.

Without limiting the above statement, I authorize release to ACT of diagnostic information by school officials, physicians, or others having such information. I understand that any documentation provided to ACT will be kept confidential, will be used solely to determine eligibility, 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.

If this request is not approved, I understand I am still registered to test with standard time on the test date at the test center listed on my ticket. If this request is approved, I understand ACT will send me an email instructing me to print my extended time ticket to present on the date of testing.

If I am under the age of 18, the signature of my parent or legal guardian certifies and agrees to these terms and conditions on my behalf.

Examinee Signature	Date
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Side 2: Please print clearly

Examinee Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
(optional)

F. Previous ACT National Testing with Extended Time

If you were previously approved for Extended Time National testing AND are requesting new or different accommodations, list the month and year of that test date below and complete BOTH sides of the Request. You must submit documentation to support the new accommodations.

Month \_\_\_\_\_ Year \_\_\_\_\_

**IMPORTANT:** Sections G through J must be completed by a qualified individual (not a relative) who can provide verified documentation of the examinee's diagnosed impairment and current test accommodations at the school due to the diagnosis. This is normally a school official such as a counselor, special education teacher, or principal. If no longer in school or homeschooled, enclose full documentation and complete sections G and J.

G. Diagnosed Impairment

Specific diagnosis: \_\_\_\_\_  
Required\*—must be more specific than "learning disabled", "other health impaired", "perceptual communications disorder", auditory processing deficits", etc. Provide the specific diagnosis for learning disabilities; e.g., reading, mathematics, or written expression.

\*Complete documentation required if **FIRST** diagnosis was within the last 3 years, or for visual, hearing, psychological, emotional, or physical disorders. See "Guidelines for Documentation".

H. Current IEP, 504 Plan, or Official Accommodations Plan

1. 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. Check the box to indicate the plan you are submitting.

- IEP       504 Plan       Official Accommodations Plan       Exceptions Statement

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

2. 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

I. Current Time Accommodations at School

Check YES or NO. If NO, see "Exceptions Statement and Documentation Required" below.

- YES     NO    Does your school officially **permit** this examinee extended time for tests (classroom and standardized) **as a result of this diagnosis and supporting documentation?**

**EXCEPTIONS STATEMENT AND DOCUMENTATION REQUIRED.** Attach a signed statement on school letterhead from a qualified professional (on staff at the school or school district) who has reviewed the examinee's file to: 1) state under what circumstances extended time would be permitted for this examinee in school and the basis for providing that accommodation (include complete documentation – see "Guidelines for Documentation"); 2) explain why extended time is not currently provided; 3) explain why you believe extended time should be allowed on the ACT; 4) describe any assistance provided for this examinee outside of school, if known. **Exceptions require additional time for review; please apply as early as possible.**

J. School Official's Signature

*I affirm the examinee named on this form attends the school where I work. I verify the information provided on this form and in the attached IEP, Section 504 Plan, accommodations plan, and supporting documentation is accurate, to the best of my knowledge, and reflects the test accommodations currently provided in school.*

\_\_\_\_\_  
School Official's Signature (not a relative of examinee)      Email Address

\_\_\_\_\_  
Print Official's Name, Title, and School      Telephone number (include area code)

K. Return of Request Form

Detach and mail this completed form and all required supporting documentation to:  
**ACT Extended Time (50), 301 ACT Drive, PO Box 4068, Iowa City, IA 52243-4068**

KEEP A PHOTOCOPY FOR YOUR RECORDS