



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 MyACT.org. Provide the ACT ID in the box to the right.

ACT ID: []

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)

Table with 4 columns: 2022 Test Date, Receipt Deadline, 2023 Test Date, Receipt Deadline. Rows include dates from September 10 to July 15.

C. Reason for Request (select all that apply)

- English Learner Supports
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. Include required documentation with request.

E. EL Supports Documentation

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

- English Learner Support Plan
Confirmation of eligibility or participation in an English language program
English Language Proficiency assessment results
Other

F. Requested Supports (select at least one)

- One and one-half time, single session
Use of test directions in the native language* circle language from the available list
Use of an approved word-to-word bilingual dictionary
Small group/testing in a familiar environment

*Test directions are currently available in Arabic, Brazilian Portuguese, Cantonese (Simplified & Traditional), French, German, Haitian Creole, Hmong White, Japanese, Korean, Mandarin (Simplified & Traditional), Navajo, Russian, Samoan, Somali, Spanish, Tagalog, Tongan, 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—The diagnosis must specifically indicate the area of impairment. For example learning disability in reading is more specific than learning disabled and ADD is more specific than other health impairment. Diagnosis must be supported by submitted documentation.

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.

Before High School Grade 9 Grade 10 Grade 11 Grade 12

I. Accommodations Requested (check all that apply)

Note: Requested accommodations must match accommodations on the examinee's Educational Plan or Exceptions Statement. The following accommodations can be administered at a National Testing Center.

- One and one-half time, single day Mark answers in test booklet (No Scantron) Large-Print (18-point only) booklet
- Written copy of spoken instructions Wheelchair accessibility Sign language interpreter for spoken instructions
- One-to-one testing Breaks as needed (Standard Time)
- Access to food, drink and medication while testing (medical impairment) Preferential seating

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.

- Standard time over multiple days Braille (UEB math/science) Screen reader software (JAWS and NVDA currently supported)
- One and one-half time, multiple days Raised line drawings Sign language interpreter for the entire test (SEE)
- Double time over multiple days Computer for the writing portion of the test * Assistive technology (be specific): _____
- Double time on the writing section only* Pre-recorded audio (USB)
- Braille (EBAE) Writer/Scribe to record responses Other (be specific): _____
- Braille (UEB with Nemeth) Reader

*If the examinee does not register for the ACT with writing, and all other approved accommodations can be administered at a National testing center, the examinee will test at a National testing site.

J. Special Testing Coordinator Information (fill out if requesting Special Testing accommodations)

NOT APPLICABLE TO CDM

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.

NOT APPLICABLE TO CDM

Test Accommodations 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.

NOT APPLICABLE TO CDM

School Official'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.

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

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