



SAT, ACT, and AP Accommodations Request Confidential Information Form

To be Completed by Parent & Student
See Guidance Counselor or Case Manager for questions

Student Information		
Name:	Date of Birth:	Assigned Gender: ☐ Female ☐ Male
Student H.S. ID Number:	State Student ID (for ACT only) #:	Expected Graduation Date:
Home Address:		
Mailing Address: [☐ same as above]		
Student Email:	Home Phone:	

Test Information	
Accommodations requested for (mark all that apply): ☐ College Board (PSAT, SAT, AP) ☐ ACT (ACT, PLAN)	Today's Date:
Next Intended Test: ☐ PSAT ☐ SAT/AP ☐ ACT	Date of Next Intended Test:

Disability Information	
Current School Accommodation Plan [mark only one]: ☐ 504 ☐ IEP	Date of Initial IEP or 504:
Disability Description (see reverse):	
Current Accommodations listed in 504 or IEP:	Requested for College Board/ACT*:
1.	☐
2.	☐
3.	☐
4.	☐
5.	☐

**College Board/ACT Accommodation request must be equal to or less than current accommodations*

Assessment Information	
Date of Most Recent Cognitive Assessment:	Type of Cognitive Assessment:
Name of Physician/Psychologist:	Physician/Psychologist Title:
Physician/Psychologist area of Practice (ex: psychiatry, family practice, oncology)	
Date of Most Recent Academic Assessment:	Type of Academic Assessment:

Check List: *(When completed return to your Woodside High School Guidance Counselor)*

- ☐ Proof of Eligibility (Psycho-Educational Report, Academic Report, Doctor's Report)
- ☐ Copy of Current 504 or IEP (Must show signatures and accommodations)
- ☐ Signed College Board or ACT Consent Form
- ☐ Counselor Sign Off that packet is complete: _____

Types of Disability Recognized by College Board & ACT

Learning Disorder

- ☐ Reading
- ☐ Mathematics
- ☐ Written Expression
- ☐ Learning Disorder NOS

ADHD

- ☐ Combined Type
- ☐ Inattentive Type
- ☐ Impulsive/Hyperactive Type

Hearing

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Central Auditory Processing
- ☐ Other Hearing Impairment

Vision

- ☐ Blind
- ☐ Vision Impaired
- ☐ Convergence Insufficiency (*Documentation required*)
- ☐ Other Visual Disorder (*Documentation required*)

Autism Spectrum Disorders

- ☐ Autism
- ☐ Asperger's
- ☐ PDD

Psychiatric/Psychological

- ☐ Generalized Anxiety Disorder
- ☐ Panic Disorder
- ☐ Post-Traumatic Stress Disorder
- ☐ Bipolar Disorder
- ☐ Obsessive-compulsive Disorder
- ☐ Schizophrenia Spectrum Disorder
- ☐ Oppositional Defiant Disorder
- ☐ Tourette's Syndrome/Tic Disorder
- ☐ Emotionally Disturbed
- ☐ Other Psychiatric Disorder

Cognitive/Intellectual Disability

- ☐ Intellectual Impairment
- ☐ Traumatic Brain Injury
- ☐ Post-Concussive Syndrome

Communication Disorder/Speech & Language

- ☐ Expressive Language Disorder/Speech Sound Disorder/Fluency Disorder
- ☐ Language Disorder/Mixed Receptive-Expressive Language Disorder
- ☐ Phonological Disorder (*Documentation required*)
- ☐ Other Communication/Speech and Language Disorder (*Documentation required*)

Physical/Medical

- ☐ Cerebral Palsy
- ☐ Diabetes
- ☐ Hydrocephalus
- ☐ Spina Bifida
- ☐ Sickle Cell
- ☐ Neurofibromatosis
- ☐ Juvenile Rheumatoid Arthritis
- ☐ Lyme Disease
- ☐ Muscular Dystrophy
- ☐ Guillain-Barre Syndrome
- ☐ Crohn's Disease
- ☐ Chronic Fatigue Syndrome
- ☐ Cancer
- ☐ Epstein Barr
- ☐ Narcolepsy/Sleep Disorder
- ☐ Epilepsy/Seizure Disorder
- ☐ Traumatic Brain Injury
- ☐ Orthopedic Impairment
- ☐ Syncope
- ☐ Other Physical/Medical Disorder:

Other

- ☐ Multiply handicapped
- ☐ Other (Documentation Required)
- ☐ Dysgraphia