

Student Name: _____ Date of Birth: _____ Date Applying: _____

Date of Birth: _____ Grade: _____ Student case manager or counselor: _____

Student's disability: _____ (e.g. Hearing loss, Autism, Learning Disorder, etc.)

Date student originally qualified for services in school (first IEP date): _____

Please check the accommodations below that you are requesting for the SAT and ACT. Please keep in mind that Collegeboard and/or ACT Corp. makes the final decision for approval of accommodations. Typically, accommodations that are approved are also accommodations that are found in the IEP or 504 plan and utilized by the student regularly in the school setting.

Large Print
Human reader (entire test – all test questions)
Use of highlighter
Sign/oral present instruction
Magnification device
Colored Overlays
Braille with raised line drawings
Pre-recorded audio
Assistive technology-compatible test format

Small group setting
Preferential seating
One-to-one testing
Wheelchair accessibility

Four function calculator
Auditory amplification
Permission for food/drink/medication
Printed copy of verbal instructions
Cell phone use to monitor medical device

Verbal – dictated to scribe
Computer for written response – all features are disabled (no spell check, grammar, cut/paste, etc.)
Record answers in test booklet
Large print (large block) answer sheet

Frequent breaks
50% extended time (time and a half)
100% extended time (double time)

Parent signature: _____ Date: _____

Student signature: _____ Date: _____