

# Required Information to Request Accommodations for the ACT

- Parents must sign and return the Consent to Release Information to ACT (in a separate attachment) as well as complete these forms.

## Examinee Details

Examinee

\*ACT ID ACT automatically assigns an ACT ID at the time of registration for an ACT National or International test date. The ACT ID is an eight-digit number that helps ACT identify the examinee's record and allows access to and ordering of ACT services. Examinees can locate their ACT ID by logging into their ACT online account and accessing their profile.

\*First Name

Middle Initial

\*Last Name

\*Date of Birth (MM/DD/YYYY)

 

\*Country

 

\*Address  Address Line 2

\*Enter ZIP Code for City and State

\*City \_\_\_\_\_

\*State

Previous Accommodation Request Information\* Has the examinee been previously approved for accommodations by ACT?

Yes

No

If yes:

\*Has the examinee been previously approved for accommodations by ACT?

Yes

**To expedite the review of the application, please provide the information below.**

Accommodation Reference Number The Accommodations Reference number is a 6 or 7-digit number the tester may have been assigned when testing previously. Only students who previously tested individually through the ACT Special Testing (or In-School Testing) program will have been assigned an Accommodations Reference Number. Providing this Reference Number from previous testing may help expedite the current request.

Date (Month/Year) last tested with ACT accommodations

## Testing Information

\*Note the Test Date: \_\_\_\_\_

## Diagnosed Disabilities

\*Please check all that apply.

Cognitive/Intellectual Disability

- Intellectual Impairment (FSIQ= $\leq$ 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
- Speech/Language Disorder-DSM 315.39

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
- Anxiety Disorder
- Depression
- Emotional/Behavioral Disorder (school team)
- PDD, Asperger's-DSM-299.80
- Tourette's/Tic Disorder

Sensory Disability

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

Physical/Medical Disability

- Diabetes
- Migraines
- Epilepsy/Seizures

Other Disability

If the examinee's diagnosed condition(s) does not appear on the above list, please enter a specific diagnosis on the lines 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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## Plan Details

\*What kind of accommodation plan does the examinee have?

- IEP

- 504
- Official Accommodations Plan
- Exceptions Statement

\*How long has the plan been in place in high school?

Less than One Year? \_\_\_\_\_

More than One Year? \_\_\_\_\_

## Requested Accommodations

Select all accommodations you would like to request.

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

### Setting & Location Accommodations

- Small Group Testing

### Response & Navigation Accommodations

- Computer (Essay or short answer for Paper Testing only)

### Presentation & Formats

- Reader (Human)
- Pre-Recorded Audio

### Timing Accommodations

- TC1 Standard Time
- TC 2 - Double Time (over multiple days)
- TC 3 - Triple Time (over multiple days)
- TC 5 - Standard time (over multiple days)
- TC 5 - Standard time with stop-the-clock breaks (one day)
- TC 6 - Time-and-one-half, self-paced (one day)
- TC 7 - Time-and-one-half (over multiple days)
- TC 8 - Extended time on essay/constructed response only

### Other Accommodations

You may 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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# Documentation

- **Please make sure your school has the following to upload to ACT**

Psychoeducational/Neuropsychological Evaluation

Psychoeducational/Neuropsychological Evaluation OR Qualified Professional Diagnosis

Official Accommodation Plan

Other Documentation