



**ACT State Testing  
Application for State-Allowed Accommodations – Spring 2011**

If your state is:	Your <b>State-Allowed Accommodations Receipt Deadline</b> is:	Your <b>Accommodations Testing Window</b> is:
KY, TN	January 28, 2011	March 15-29, 2011
CO, District Choice	March 11, 2011	April 27 – May 11, 2011

*Important Note: Do NOT use this form to request ACT-Approved Accommodations. Complete this form ONLY for a student who does not meet ACT's eligibility requirements or whose request for ACT-Approved Accommodations has been denied by ACT. Scores earned with State-Allowed Accommodations will be used for state (or district) assessment purposes, but will NOT be reported to colleges, scholarship agencies, or any other entities.*

This form is to be completed by a school official, such as a counselor, special education teacher, or principal.

**A. STUDENT INFORMATION.** (Please print clearly.)

Student Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_

Student Street Address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of High School Where the Student Will Test \_\_\_\_\_ ACT High School Code (required) \_\_\_\_\_  
(This application must come in under the Header sheet from the same school with the same ACT HS Code)

Name of Home High School Where Scores Will be Reported \_\_\_\_\_ ACT High School Code (required) \_\_\_\_\_  
(only if different from where student is testing)

**B. TEST FORMAT REQUESTED.** Check only one. All test booklets, including large type, and all answer folders are printed in English. (Braille, if applicable, is normally an ACT-Approved Accommodation. If a student needs Braille in addition to other State-Allowed Accommodations, please call ACT at 800/553-6244, ext. 1788 before completing this application.) **Note: If you do not check a box below, the student will automatically receive regular type (10-point).**

\* The time allowed for each test is determined by appropriate staff at the school (e.g., IEP team).

- |   |   |   |   |
|---|---|---|---|
| <b>Printed Booklet</b>                                | <b>Cassettes</b>                                | <b>Reader's Script</b>                          | <b>Audio DVDs</b>                               |
| <input type="checkbox"/> (01) Regular Type (10-point) | <input type="checkbox"/> (04) with Regular Type | <input type="checkbox"/> (07) with Regular Type | <input type="checkbox"/> (DA) with Regular Type |
| <input type="checkbox"/> (02) Large Type (18-point)   | <input type="checkbox"/> (05) with Large Type   | <input type="checkbox"/> (08) with Large Type   | <input type="checkbox"/> (DD) with Large Type   |

**C. SCHOOL OFFICIAL'S SIGNATURE (required).** I affirm the student named on this form attends this school. I have explained to the student and the student's parent/guardian that scores earned with State-Allowed Accommodations will be reported **ONLY** for state (or district) assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities.

\_\_\_\_\_  
School Official's Signature (may not be a relative of the student) \_\_\_\_\_ Print Official's Name and Title

**D. STUDENT AND PARENT SIGNATURES (required).** I understand that scores earned with State-Allowed Accommodations will be reported **ONLY** for state (or district) assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the high school in early fall.

\_\_\_\_\_  
Student's Signature (**required** if 18 or older) \_\_\_\_\_ Parent/Legal Guardian Signature (**required** if student is under 18) \_\_\_\_\_ Date \_\_\_\_\_  
**Note:** School official may sign for parent/legal guardian if verbal acknowledgement has been obtained by phone. See *Procedures for Requesting ACT Test Accommodations.*

**SUBMITTING THE APPLICATION.** Incomplete or unsigned forms will not be processed. **Keep a photocopy for your files.** The request **must** be submitted with a **completed** Test Accommodations Coordinator Header. Applications must be **received** at ACT by the appropriate deadline above and sent to:

ACT State Test Accommodations  
301 ACT Drive  
PO Box 4071  
Iowa City, IA 52243-4071