

2009-2010

Student Eligibility Form

for Accommodations on College Board Tests based on Disability (SAT[®], SAT Subject Tests ™, Advanced Placement Program[®] Exams, PSAT/NMSQT[®])

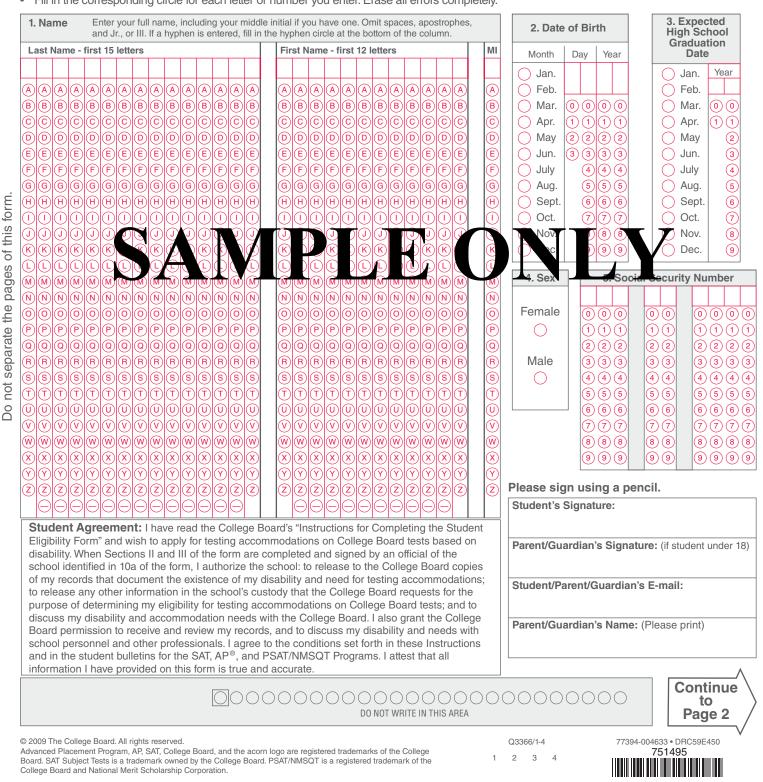
Use a no. 2 pencil to fill out this entire form, including signature. Do not use a pen. (Mail the original form, not a fax or a copy.)

SECT ON : Student Information To be completed by student and parent or guardian if student is under 18.

Forward to your school's SSD Coordinator when Section I is complete.

Print the requested information in the boxes for each item.

Fill in the corresponding circle for each letter or number you enter. Erase all errors completely.



College Board

USE ONLY

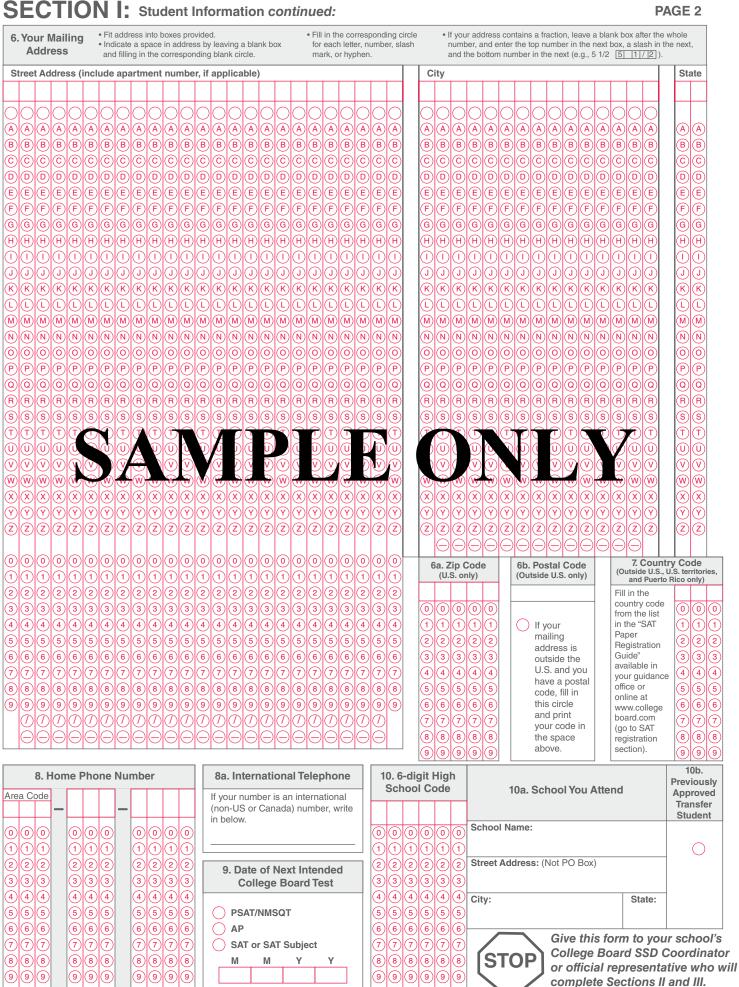
vear

Date Postmarked

Date Received

month

SECTION Student Information continued:



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Do not separate the pages of this form.

SECTION II: School I	nformation (10 be com Section I is	pleted by SSD Coordinator or official school re completed and signed.) Please use pencil.	presentative after	
NOTE: We cannot process the Student Eligibility Form unless we have an SSD Coordinator Form on file for your school.		School code of the official completing the form must be gridded.	6-digit High School Code	
visual/auditory/language Visual acuity: processing) (Measurements are:		eting Sections II and III of this form, please review	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
 Hearing Autism (Not Aspergers) 	 Physical (specify): Other impairment (specify (If this is the only displayed) 			
B. Documentation				
 plan/program must have been a Current IEP Ourrent io04/Har Current Formal Written Pta b. What is the date the FIRST plan (If there is no formal plan or the c. Indicate whether the date respondent 4 school months ago. More than 4 school month 2. Evaluation Testing Verification Additional assistance and cited a. Is the testing to support the need 	erated formal educational plan approved within the past 12 mo Neurre S dent an/Program was approved for the date is unknown, see "Instruc- onding to 1.b. (date of first scho as ago Less than 4 sch references are provided in the ed for accommodation/s currer	ent for par plan is include (include to turnent on)	Month Year s than Form," Section II. sychiatric disabilities,	
Yes No (include of most rece (write in mm/dd/yy)	documentation for review) ent evaluation	 Does not apply (only for certain physical/visual see Instructions (include documentation for rev 	conditions): <mark>/iew)</mark>	
	Examiner	's name and title		
		Date of evaluation t the existence of the disability and the need for according ' for examples.)		
Cognitive Ability Test (Test N	ame:)	
Academic Achievement Test	(Test Name:)	
School documentation doc documentation for review)	es not include results from BO ertain physical/visual condition	gnitive ability and academic achievement test noted TH a cognitive ability and academic achievement te ns). See Section II of "Instructions for Completing the	st above. <mark>(include</mark>	

(To be completed by SSD Coordinator or official school representative. Mail SECTION III: Accommodations directly to College Board, not to parent.) A. Requested Accommodations Indicate the accommodations that are being requested for College Board tests below. Do not list accommodations that are not needed for College Board tests, even if included in a student's IEP or 504 Plan. For assistance in filling out Section III, and for additional information regarding specific accommodations, refer to the guidance and definitions provided in the "Instructions for Completing the Student Eligibility Form." NOTE: If you are requesting any accommodations that are not currently provided to and used by the student for school-based tests, you must indicate this in Section III B and provide documentation for the College Board's review. You cannot use the school verification process. Some accommodations, as noted below, require that documentation be provided for all students, regardless of whether the student is receiving the accommodation in school. College Board 1. Extended Time USE ONLY Indicate the amount of extended time requested for each test or section type. If the student is requesting more extended time than currently provided and used in school, you must indicate this in Section III B and provide documentation for the College Board's review. Documentation If you are not requesting extended time for a particular test type, leave that section blank. Included +100%* Greater than +100%*# +50% (Include documentation for review) (Time and 1/2) (Double-time) a. Reading Time needed: b. Written language expression Time needed: c. Mathematical calculations Time needed: d. Listening (Foreign language and music test only) Time needed: e. Speaking (Foreign language tests only) Time needed: 2. Visual Assistance If the student requires a format not listed below, complete item 6, "Other Assistance." Large print test book (14 point) ○ Braille test (text, graphs, figures)* ○ Magnifier Braille Writer Magnifying machine* Large print test book (20 point) * Enlarged answer sheet (no "bubbles"/not scanned) OBraille graphs and figures (can be 3. Auditory Assistance (Do not choose both Reader Reader* Cassette Test * used with Reader or Cassette) * and Cassette) 4. Manual As stance ()o notribe) k are disabled) Compu ord p for Enlarge canne 25 5. Breaks Break time does not count toward testing time (clock is "stopped"). If the student requires a configuration not listed below, complete item 6, "Other Assistance." Extended Breaks (twice the length of standard breaks) Extra Breaks (between each section) 6. Other Assistance Permission for medication/food/drinks during test Small group testing Preferential seating (Specify: _ Written copy of oral instructions Other[#] (include documentation for review) (Specify: * Accommodation requires School Testing for SAT tests. National Test Centers do not offer these accommodations. # Documentation supporting the student's need for the accommodation MUST be provided. See Instructions. B. Accommodations Provided and Used on School Tests (Must be completed) All accommodations requested above have been provided and used on school tests for the past four school months and are included on the student's current IEP, 504 Plan or Formal Written Plan/Program. Some or all accommodations requested above have NOT been provided and used on school tests for the past four school months or are not included on the student's current IEP, 504 Plan, or Formal Written Plan/Program. In the space below, list the accommodations that the student is requesting that have not been provided, used, or included in a school plan. (include documentation for review) C. Confirming Information and Signature: (Must be completed by school's SSD Coordinator or official school representative) I verify that I have read the "Instructions for Completing the Student Eligibility Form" and that (1) the accommodations requested above, unless otherwise indicated in Section III B, are provided and used on school-based tests; (2) unless otherwise indicated in Section II B, that the school has documentation on file that meets the College Board Guidelines for Documentation, and (3) that all the information provided in response to Sections II and III of this form is true and accurate. Title: Name: (Please print using pencil.) Phone: Fax: E-mail: Signature: Date: DO NOT WRITE IN THIS AREA

DO NOT WRITE IN THIS AREA