



# 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.)

## SECTION I: 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.

<input type="radio"/>	College Board USE ONLY
Date Postmarked / /	
Date Received month / day / year	
/ / month day year	

1. Name		
Enter your full name, including your middle initial if you have one. Omit spaces, apostrophes, and Jr., or III. If a hyphen is entered, fill in the hyphen circle at the bottom of the column.		
Last Name - first 15 letters	First Name - first 12 letters	MI
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2. Date of Birth		
Month	Day	Year
<input type="radio"/> Jan.		
<input type="radio"/> Feb.		
<input type="radio"/> Mar.	0 0	0 0
<input type="radio"/> Apr.	1 1	1 1
<input type="radio"/> May	2 2	2 2
<input type="radio"/> Jun.	3 3	3 3
<input type="radio"/> July	4 4	4 4
<input type="radio"/> Aug.	5 5	5 5
<input type="radio"/> Sept.	6 6	6 6
<input type="radio"/> Oct.	7 7	7 7
<input type="radio"/> Nov.	8 8	8 8
<input type="radio"/> Dec.	9 9	9 9

3. Expected High School Graduation Date	
Month	Year
<input type="radio"/> Jan.	
<input type="radio"/> Feb.	
<input type="radio"/> Mar.	0 0
<input type="radio"/> Apr.	1 1
<input type="radio"/> May	2
<input type="radio"/> Jun.	3
<input type="radio"/> July	4
<input type="radio"/> Aug.	5
<input type="radio"/> Sept.	6
<input type="radio"/> Oct.	7
<input type="radio"/> Nov.	8
<input type="radio"/> Dec.	9

# SAMPLE ONLY

4. Sex		5. Social Security Number		
Female	<input type="radio"/>			
Male	<input type="radio"/>	0 0 0	0 0	0 0 0 0
		1 1 1	1 1	1 1 1 1
		2 2 2	2 2	2 2 2 2
		3 3 3	3 3	3 3 3 3
		4 4 4	4 4	4 4 4 4
		5 5 5	5 5	5 5 5 5
		6 6 6	6 6	6 6 6 6
		7 7 7	7 7	7 7 7 7
		8 8 8	8 8	8 8 8 8
		9 9 9	9 9	9 9 9 9

**Student Agreement:** I have read the College Board's "Instructions for Completing the Student Eligibility Form" and wish to apply for testing accommodations on College Board tests based on disability. When Sections II and III of the form are completed and signed by an official of the school identified in 10a of the form, I authorize the school: to release to the College Board copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that the College Board requests for the purpose of determining my eligibility for testing accommodations on College Board tests; and to discuss my disability and accommodation needs with the College Board. I also grant the College Board permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I agree to the conditions set forth in these Instructions and in the student bulletins for the SAT, AP®, and PSAT/NMSQT Programs. I attest that all information I have provided on this form is true and accurate.

Please sign using a pencil.

Student's Signature: \_\_\_\_\_

Parent/Guardian's Signature: (if student under 18) \_\_\_\_\_

Student/Parent/Guardian's E-mail: \_\_\_\_\_

Parent/Guardian's Name: (Please print) \_\_\_\_\_

\_\_\_\_\_ DO NOT WRITE IN THIS AREA

Continue to Page 2



Student's Name: \_\_\_\_\_  
please print

**SECTION II: School Information** (To be completed by SSD Coordinator or official school representative after Section I is completed and signed.) **Please use pencil.**

**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					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

All sections below must be completed. Where noted, documentation of the student's disability and need for accommodation must be provided for the College Board's review. Prior to completing Sections II and III of this form, please review the "Instructions for Completing the Student Eligibility Form," which provides guidance and definitions.

**A. Disability**

What is the diagnosed disability? (Note all that apply)

- LD (e.g., dyslexia, visual/auditory/language processing)
- ADHD
- Hearing
- Autism (Not Aspergers)
- Visual (specify): \_\_\_\_\_  
Visual acuity: \_\_\_\_\_  
(Measurements are: \_\_\_\_ With correction \_\_\_\_ Without correction)
- Visual Field: \_\_\_\_\_
- Physical (specify): \_\_\_\_\_
- Other impairment (specify): \_\_\_\_\_  
(If this is the only disability, **include documentation for review**)
- No diagnosed disability (**include documentation for review**)

**B. Documentation**

**1. Formal Education Plan/Program Verification**

a. Indicate the current school-generated formal educational plan/program that is approved for the student. (To be current, the plan/program must have been approved within the past 12 months.)

- Current IEP
- Current 504 plan
- Current Formal Written Plan/Program
- No current formal plan in place (**include documentation**)
- Student has been declassified (**include documentation for review**)

**SAMPLE ONLY**

b. What is the date the FIRST plan/program was approved for the student (even if created at another school)? (If there is no formal plan or the date is unknown, see "Instructions for Completing the Student Eligibility Form.")

Month	Year
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c. Indicate whether the date responding to 1.b. (date of first school plan) was more than 4 school months ago or less than 4 school months ago.

- More than 4 school months ago
- Less than 4 school months ago (**include documentation for review**)

**2. Evaluation Testing Verification**

Additional assistance and cited references are provided in the "Instructions for Completing the Student Eligibility Form," Section II.

a. Is the testing to support the need for accommodation/s current? (Note: For academic testing, within 5 years; for psychiatric disabilities, the annual evaluation update must be within 1 year; for visual, within 2 years; for physical/medical, within 1 year from the time of request.)

- Yes
- No (**include documentation for review**)
- Does not apply (only for certain physical/visual conditions): see Instructions (**include documentation for review**)

If yes, indicate date of most recent evaluation (write in mm/dd/yy)

\_\_\_\_\_  
Examiner's name and title

\_\_\_\_\_  
Area of certification/license

\_\_\_\_\_  
Date of evaluation

b. Indicate the most recent standardized tests used to document the existence of the disability and the need for accommodation/s. (See "Instructions for Completing the Student Eligibility Form" for examples.)

Cognitive Ability Test (Test Name: \_\_\_\_\_)

Academic Achievement Test (Test Name: \_\_\_\_\_)

- School documentation includes results from BOTH a cognitive ability and academic achievement test noted above.
- School documentation does not include results from BOTH a cognitive ability and academic achievement test above. (**include documentation for review**)
- Does not apply (only for certain physical/visual conditions). See Section II of "Instructions for Completing the Student Eligibility Form" (**include documentation for review**).

Do not separate the pages of this form.

# SECTION III: Accommodations

(To be completed by SSD Coordinator or official school representative. Mail 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.

### 1. Extended Time

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. If you are not requesting extended time for a particular test type, leave that section blank.

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<input type="checkbox"/> Documentation Included

	+50% (Time and 1/2)	+100%* (Double-time)	Greater than +100%** <b>(Include documentation for review)</b>
a. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Time needed: _____
b. Written language expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Time needed: _____
c. Mathematical calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Time needed: _____
d. Listening (Foreign language and music test only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Time needed: _____
e. Speaking (Foreign language tests only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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
- Large print test book (20 point)\*     Magnifying machine\*     Enlarged answer sheet (no "bubbles"/not scanned)

### 3. Auditory Assistance

(Do not choose both Reader and Cassette)

- Reader\*     Cassette Test\*     Braille graphs and figures (can be used with Reader or Cassette)\*

### 4. Manual Assistance

(Do not choose both a computer and a writer/scribe)

- Computer/word processor/presses\* **(include documentation for review)** (Note: Spelling/grammar check are disabled)
- Enlarged answer sheet (no "bubbles"/not scanned)     Writer/scribe to record dictated responses\*

# SAMPLE ONLY

### 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."

- Extra Breaks (between each section)     Extended Breaks (twice the length of standard breaks)

### 6. Other Assistance

- Small group testing     Permission for medication/food/drinks during test
- 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.

Name: \_\_\_\_\_  
(Please print using pencil.)

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DO NOT WRITE IN THIS AREA

