

New Tech High School Request for Accommodations for ACT

Step 1: Familiarize yourself with the process and policies

Go to the following website for information about the process, accommodations that may be approved, etc.

<http://www.act.org/content/act/en/products-and-services/the-act/taking-the-test/services-for-examinees-with-disabilities.html>

Provide the following information/copies to Raheela Shaikh, Assistant Principal

All copies should be together in a large envelope or file folder.

Step 2: Fill out this information

Learner's name _____

Learner's CISD ID number _____

Date(s) the Learner will take ACT: _____

Learner's PIN for the ACT Accommodation System (if applicable) _____

What is the diagnosed disability/disabilities? *(If ADHD be specific about the type, i.e. inattentive, hyperactive, or combined)*

Step 3: Documentation needed

The following documentation must be provided by the parent/ guardian for a request to be submitted;

_____ Copy of current formal plan (IEP or 504)

_____ Copies of testing (academic achievement and cognitive) and date that testing occurred.

From the ACT Policy for Documentation, page 4:

“To qualify for the ACT-approved accommodations, documentation must show: the diagnosed condition substantially limits one or more major life activities and requests for accommodations are appropriate and reasonable for the documented disability.”

Step 4: What specific accommodations are you requesting? *(ACT asks if these accommodations have been provided and used on the school tests for the past four months or more.)*

Step 5: Fill out and sign the second page of this form.



Consent to Release Information to ACT

Print the learner's first name, last name, and CISD ID Number.

Learner's First Name _____ Learner's Last Name _____ CISD ID Number _____

Examinee/Parent Signature

I verify that the information provided in the accommodations request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of documents or other information related to this request by school officials, physicians, or others having such information, if requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Parent or legal guardian signature, or student signature if over age 18 _____ Date _____

Telephone Consent

I verify that I have spoken to the examinee's parent or legal guardian by telephone, and obtained his or her permission to release information to ACT specifically as described above.

School official's signature _____ Date _____
