

Request for Day 1 State-Allowed Accommodations – Spring 2012 Prairie State Achievement Examination (PSAE)

The deadline for ACT to receive State-Allowed Accommodations requests from your school is **Friday, March 9, 2012**.

Important Note: Do NOT use this form to apply for ACT-Approved Accommodations. Complete this form ONLY for a student who does not meet ACT's eligibility requirements or whose application for ACT-Approved Accommodations has been denied by ACT. Scores earned with State-Allowed Accommodations will be used for PSAE purposes but will NOT be reported by ACT to colleges, scholarship agencies, or any other entities. PSAE Day 2 accommodations orders must be entered separately on PSAE TestSites Online. Contact the Student Assessment Division of the Illinois State Board of Education at 217/782-4823 for directions if a new student who needs accommodations enrolls in your school on or after the receipt deadline of March 9, 2012.

This form is to be completed by a school official, such as a counselor, special education teacher, or principal. Please review the *Procedures for Applying for ACT Test Accommodations – Spring 2012* for important information prior to completing this form.

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 _____

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)

B. REASON FOR REQUESTING STATE-ALLOWED ACCOMMODATIONS. **Note:** Only students who have an Individualized Education Program (IEP), Section 504 Plan, or who are Limited English Proficient (LEP) are eligible for State-Allowed Accommodations for PSAE Day 1. Check all that apply.

- (IEP) Individualized Education Program (504) Section 504 Plan (LEP) Limited English Proficiency

C. TEST FORMAT REQUESTED. Check only one. All test booklets, including large type, and all answer documents 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 request.) **Note: If you do not check a box below, the student will automatically receive regular type (10-point). ACT does not assign a timing code for students testing with State-Allowed Accommodations. The time allowed for each test is determined locally by appropriate staff at the school (e.g., IEP team).**

- (HB) Confined to Home

Printed Test Booklet (IEP, 504, LEP)

- (01) Regular Type (10-point)
 (02) Large Type (18-point)

Reader's Script (IEP, 504, LEP)

- (07) with Regular Type
 (08) with Large Type

Cassettes (IEP, 504, LEP)

- (04) with Regular Type
 (05) with Large Type

DVDs (Audio only) (IEP, 504, LEP)

- (DA) with Regular Type
 (DD) with Large Type

Spanish Video* (LEP)

- (DB) DVD with Regular Type
 (DE) DVD with Large Type

* More information about the Spanish format is posted on the PSAE website at www.isbe.net/assessment/SpDVD.htm

D. SCHOOL OFFICIAL'S SIGNATURE (required). *I affirm the student named on this form will test at 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 PSAE purposes and will **not** be reported by ACT 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

E. STUDENT AND PARENT SIGNATURES (required). *I understand that scores earned with State-Allowed Accommodations will be reported **ONLY** for PSAE purposes and will **not** be reported by ACT to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the home 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 Applying for ACT Test Accommodations*.

SUBMITTING THE REQUEST: 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. Requests 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