

ACT Accommodations Request

Date

First Name Last Name

Address

City State Zip

ACT ID

Eight-digit number assigned at the time of registration. Enter this number if you have registered for ACT.

*Select the accommodations for which you wish to apply. Please keep in mind that the accommodations should be documented in the student's IEP or IAP. Additional documentation may be required for some accommodations. Those marked with an * require additional documentation.*

Type of Service Provided

Special Education Section 504

Extra Time

50% Time Extension More than 50% Time Extension*

Testing Over Multiple Days*

Wheelchair Accessible Room

Yes

Large Print (18-point font) Test Booklet

Yes

Assistance Marking Responses in the Test Booklet

Yes

Preferential Seating

Front of Room Back of Room

Near Proctor Near Window

Use of an Approved Word-to-Word Dictionary

Yes

Alternate Test Formats

Reader Braille

Writing Test

Scribe Computer Extended Time

Other

Turn Pages Colored Overlays Reminders to Stay on Task