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    ☐ (04) with Regular Type
☐ (01) Regular Type (10-point)    ☐ (05) with Large Type
☐ (02) Large Type (18-point)    ☐ DVDs (Audio only) (IEP, 504, LEP)
☐ Reader’s Script (IEP, 504, LEP)    ☐ (DA) with Regular Type
☐ (07) with Regular Type    ☐ (DD) with Large Type
☐ (08) with Large Type

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

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) __________________________ 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.

Parent/Legal Guardian Signature (required if student is under 18) __________________________

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