



## TEST ACCOMMODATIONS REQUEST PROCESS FOR EXPLORE ESTS

In an effort to make EXPLORE testing for Elementary Student Talent Search (ESTS) programs accessible to students with disabilities, accommodations may be approved for students with professionally diagnosed physical, mental, sensory, or learning disabilities who provide appropriate documentation.

### OPTIONS FOR TEST ACCOMMODATIONS IN EXPLORE ESTS TESTING

#### *Standard Time Limits with accommodations on a scheduled test date:*

Examples of accommodations in this category include assignment to a room with wheelchair access; use of Irlen filters; use of a sign language interpreter for spoken instructions; large print test materials, or access to food/drink. Students must be able to test under standard time limits, using a standard (10 point) or large-print (19 point) test booklet and a regular or large-print answer sheet.

#### *Extended-Time Testing*

Students with documented disabilities that require no more than time-and-one-half (up to 3 hours) may test on the published test date, using either a standard or large-print test booklet. If more than time-and-one-half or the use of an audiocassette test, reader, Braille, or other assistance is required, testing will be arranged on a one-on-one basis on the published test date or at a date and location mutually agreed to by ACT, a test supervisor, and the parents.

Normally, all examinees approved for extended time at a test center will be tested together in a separate extended-time room under the supervision of a room supervisor.

#### *Eligibility Requirements*

The student must meet all of the following criteria in order to be eligible for extended time or any other requested accommodations:

1. **Professionally Diagnosed Disability.** The student must be diagnosed by a qualified professional whose credentials are appropriate to the disability. Documentation that meets ALL the “Guidelines for Documentation” on this page must be on file with the school.
  - If diagnosed for the FIRST time before September 2004, reconfirmation is required within the last 3 years.
  - If FIRST diagnosed within the last 12 months, full written diagnostic documentation must be submitted with the application.
2. **Current IEP, 504 Plan, or Accommodations Plan must document ALL requested accommodations are provided in school.** Submit a copy of your *current* Individualized Education Program (IEP), 504 Plan, or school accommodations plan. The plan must specify all accommodations — including extended time — you currently receive due to the disability. If you do not have a current IEP, 504 Plan, or accommodations plan (including home-schooled students), or if your plan has been in place less than 12 months, complete diagnostic documentation is required (see “Guidelines for Documentation” on following page).
3. If the student does not currently receive accommodations, see side 2 of the application for information about submitting an exception statement.

Note that ACT provides test accommodations in accordance with Title III of the Americans with Disabilities Act (ADA). Schools provide accommodations under different regulations. Thus, having a diagnosis and receiving accommodations in school do not guarantee approval of those accommodations for the ACT.

## APPLYING FOR TEST ACCOMMODATIONS

The completed Application for EXPLORE ESTS Test Accommodations must clearly state the nature of the child's disability and the specific accommodation(s) requested. It is important that the application include the name and phone number of a counselor or other professional who is familiar with the student's specific needs. This individual might be asked to assist ACT staff in their review of the application, to verify what accommodations are currently being made in school, and/or to provide a copy of documentation on file at the school in support of the request.

After the application has been completed and the necessary documentation gathered, return the material directly to ACT Test Administration. ACT staff will review the application, request additional information if needed, and determine the accommodations, if any, that will be authorized. ACT staff will then make arrangements with the nearest test center able to provide the authorized accommodations. ACT will notify parents/students and the test center supervisor in writing of the accommodation(s) authorized. Parents/students will also be notified if the application for test accommodations is not approved.

### ***Deadlines and Procedures***

It is the applicant's responsibility to provide complete documentation to support the request for test accommodations. Because of the time required to process applications and make arrangements with test centers, it is in your child's best interest to submit the application and documentation for accommodations as early as possible.

### **December 20, 2007: Regular Registration Deadline & Special Accommodations Deadline for all test dates:**

Incomplete requests for accommodations that are received by the regular registration deadline of December 20 will be accepted. ACT will request additional information from the applicant and/or school. *Additional information must be received by the published late registration deadline (January 4, 2008 for the January test date and February 8, 2008 for the February test date) for the test date requested.*

Requests for accommodations that are received after December 20, 2007, will be accepted if they are **complete**. The request must be received by the late registration deadline for the test date you request. Incomplete requests will not be accepted.

An application and documentation must be submitted each time your child registers to take the EXPLORE ESTS test even though accommodations may have been approved in the past. The documentation will not be returned to you; therefore, it is advisable to make copies for your files prior to submission to ACT.

All questions regarding applications for test accommodations may be directed to ACT Test Administration. ACT Test Administration can be reached by email at [testact@act.org](mailto:testact@act.org) or by telephone at (319) 337-1510.

## GUIDELINES FOR DOCUMENTATION

Documentation must be written by the diagnosing professional and meet **ALL** of these guidelines:

1. **States the specific disability** as diagnosed
2. **Is current** (no older than September 2004)
3. **Describes the presenting problem(s) and developmental history**, including relevant educational and medical history
4. **Describes the comprehensive assessments** (neuropsychological or psychoeducational evaluations), including evaluation dates, used to arrive at the diagnosis:
  - For learning disabilities, must provide test results (including subtests), with standard scores and percentiles, from
    - a) an aptitude assessment using a complete, valid, and comprehensive battery,
    - b) a complete achievement battery,
    - c) an assessment of information processing, **and**
    - d) evidence that alternative explanations were ruled out.
  - For **ADD/ADHD**, must include
    - a) evidence of early impairment,
    - b) evidence of current impairment, including presenting problem and diagnostic interview,
    - c) evidence that alternative explanations were ruled out,
    - d) results from valid, standardized, age-appropriate assessments, **and**
    - e) number of applicable DSM-IV criteria and how they impair the individual.
  - For **visual, hearing, psychological, emotional, or physical disorders**, must provide detailed results from complete ocular, audiologic, or other appropriate diagnostic examination. Documentation of these disabilities should be current within one (1) year.
5. **Describes the functional limitations or impairment (e.g., adverse effect on learning and academic achievement) resulting from the disability**, as supported by the test results
6. **Describes specific recommended accommodations** and provides a rationale explaining how these specific accommodations address the functional limitations
7. **Establishes the professional credentials of the evaluator**, including information about licensure or certification, education, and area of specialization

Complete details about ACT's general policies for documentation of requests for testing accommodations are available on ACT's website at [www.act.org/aap/disab/policy.html](http://www.act.org/aap/disab/policy.html)

## Application for EXPLORE ESTS Test Accommodations

Side 1 of this application is to be completed by a parent/guardian; side 2 is to be completed by a school official (**not a relative**) familiar with the student's diagnosis and current accommodations. Those providing information may be contacted by ACT to provide additional explanation or documentation to support the request for test accommodations. *All information provided on/with this application will be treated as confidential and will remain with this application. It will not become part of the student's permanent score record and will not be shared with the talent search agency. If accommodations are approved, the test supervisor will receive only the information necessary for administering the test.* Please complete both sides of this form and return to **ACT Test Administration, Attn: EXPLORE ESTS, P.O. Box 168, Iowa City, IA 52243.**

Parent/Guardian: Please print or type

**STUDENT'S NAME** \_\_\_\_\_ **STUDENT'S ACT ID** \_\_\_\_\_

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY / STATE / ZIP** \_\_\_\_\_

**DAYTIME PHONE** (\_\_\_\_) \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**TEST DATE REQUESTED (check one)**    Jan. 26, 2008    Jan. 27, 2008    Feb. 23, 2008

**TEST CENTER REQUESTED**

1ST Choice Test Center Code \_\_\_\_\_ Test Center Name/City \_\_\_\_\_

2ND Choice Test Center Code \_\_\_\_\_ Test Center Name/City \_\_\_\_\_

**REASON FOR ACCOMMODATIONS**

Hearing Impairment    Motor Impairment    Visual Impairment    Learning Disability    AD/ADHD    Other

Please explain the nature of the child's disability \_\_\_\_\_

**TEST FORMAT REQUESTED**

Standard Print (10 pt)    Large Print (19 pt)    Braille    Reader's script    Audiocassette

**ACCOMMODATIONS REQUESTED (Check all that you are requesting)**

- Extended time (maximum of three hours total testing time)
- Permission to bring and use Irlen filters
- Printed copy of spoken instructions to follow as they are read by testing personnel
- Permission to mark answers in test booklet
- Permission to bring a sign language interpreter for verbal instructions only. Finding the interpreter is the responsibility of the student. ACT will provide payment for interpreter's services.
- Accessibility to building and room (please explain) \_\_\_\_\_
- Food/drink during testing
- Seating at Front of Room (only if normally provided at school)
- Other. Please explain the child's needs \_\_\_\_\_

**PARENT'S AUTHORIZATION:** I am requesting test accommodations for my child named above. I verify that the information provided on this form is accurate to the best of my knowledge. I authorize the release of diagnostic information by school officials, physicians, or others having such information for purposes of documenting the need for test accommodations. I understand that this documentation will be treated as confidential, will remain with the application, and will not become part of the child's permanent score record.

\_\_\_\_\_  
Signature of Parent or Guardian (Form cannot be processed without signature) \_\_\_\_\_  
Date

**VERIFICATION OF DIAGNOSIS** (to be completed by a school official or other qualified professional) Specific disability (**Required** – must be more specific than "learning disabled," "other health impaired," "perceptual communications disorder," "auditory processing deficits," etc. Provide the DSM-IV diagnosis for learning disabilities.):

When and by who was this student diagnosed? **COMPLETE DOCUMENTATION REQUIRED** if **FIRST** diagnosed within last 12 months, or for visual, hearing, psychological, emotional, or physical disorders. See "Guidelines for Documentation," page 2.

a. Originally (required)

b. Re-evaluation/confirmation (if within past 3 years)

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Inst./Agency \_\_\_\_\_  
Qualifications \_\_\_\_\_  
(degrees, specialization, \_\_\_\_\_  
certifications) \_\_\_\_\_

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Inst./Agency \_\_\_\_\_  
Qualifications \_\_\_\_\_  
(degrees, specialization, \_\_\_\_\_  
certifications) \_\_\_\_\_

**VERIFICATION OF DOCUMENTATION ON FILE** (to be completed by a school official)

If a current IEP for this student states the need for extended time and/or any other accommodation requested due to a disability, for how many years has the student been qualified for IEP services? \_\_\_\_\_

(Attach a copy of the specific page(s) from the most recent IEP that documents testing accommodations needed.)

If a current 504 Plan for this student states the need for extended time and/or any other accommodation requested due to a disability, for how many years has the student been qualified for 504 Plan services? \_\_\_\_\_

(Attach a complete copy of the most recent 504 Plan.)

**Exceptions:** If there is no IEP or 504 Plan currently on file, attach a copy of a current official accommodation plan or a statement on school letterhead, signed by a school official, explaining the accommodation now provided.

**VERIFICATION OF CURRENT TESTING ACCOMMODATIONS** (to be completed by a school official)

Are the requested accommodations currently being provided for classroom testing within the school?

Yes

No If not, what if any accommodations are made? \_\_\_\_\_

**Exceptions:** If accommodations are not currently provided when testing this student in school, attach a statement on school letterhead from a qualified professional staff member in the school or district who has reviewed the student's file to:

- 1) explain why accommodations are not currently being provided,
- 2) describe those circumstances under which accommodations would be provided for this student in the school,
- 3) explain why accommodations should be allowed for the EXPLORE ESTS test, and
- 4) describe disability-related assistance, if any, provided for this student outside of school.

**SCHOOL VERIFICATION** (may not be completed by a relative of the student)

I affirm that I have reviewed the documentation on file at this school to support this request for test accommodations. I verify that the information provided on this form is accurate and that the attached IEP, 504 Plan, or official accommodation plan accurately reflects the documentation on file at our school.

\_\_\_\_\_  
School Official's Name (printed)

\_\_\_\_\_  
School Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title  
( )

\_\_\_\_\_  
School  
( )

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Fax Number

Return completed form and supporting documentation by **December 20, 2007** to:

**ACT Test Administration**  
**Attn: EXPLORE ESTS**  
**P.O. Box 168**  
**Iowa City, IA 52243**  
**FAX 319/339-3039**