

Available on all national test dates only in the United States, US Territories, Puerto Rico, and Canada.

Eligibility Policy

- The ACT® college readiness assessment is offered only in English. Accommodations (including extended time) are not available solely on the basis of limited English proficiency.
- 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 does not guarantee approval of those accommodations for the ACT.
- The summary **Guidelines for Documentation** and the detailed information on www.act.org reflect professional standards in the field. ACT reviewers are looking for objective evidence that demonstrates impairment as recognized by the ADA. Please keep in mind that not everyone with a diagnosed condition is disabled by it, and not all disabilities result in a substantial limitation or impairment for which extended time on the ACT is an appropriate accommodation.
- If the examinee was first diagnosed recently, but has progressed academically without accommodations, or if the examinee does not currently receive accommodations in school, or has only recently been identified for an accommodations plan, it is especially important that the documentation provide objective evidence of the substantial limitation resulting from the condition and a rationale for accommodations.

Confidentiality of Documentation

All documentation provided to ACT will be kept confidential, will be used solely to determine eligibility for accommodations, and will not become part of your score record.

Fees

- The basic test fee covers one report to your high school and up to four college choices at the time of registration.
- Payments must be in the form of a check* or money order payable to ACT in US dollars and drawn on a US or US affiliate bank.
- If eligible (ask your counselor), you may pay with a fee waiver

Fee Description	Fee
ACT (No Writing)	\$38.00
	\$75.00
ACT Plus Writing	\$54.50
	\$91.50
Test Date Change	\$23.00
Phone Service	\$14.50

*This is notification that when you pay by check you are authorizing ACT, Inc., to convert your check to an electronic entry. When we use this information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. If your check is returned to us due to insufficient or uncollected funds, it may be re-presented electronically and your account will be debited.

Deadlines

- It is in your best interest to apply as early as possible.
- Mail the application by the regular deadline for the test date.
- Applications postmarked after the regular deadline but received by the late deadlines will be processed for the requested test date.

(Deadlines continued in next column)

- Applications received after the late deadline will not be processed. You will receive a letter asking if you want your application considered for the next test date.
- Applications will not be considered for standby testing.

If an Approved Examinee Does Not Test

- The test for the ACT is nonrefundable once the examinee is approved, even if he or she does not test.
- An examinee is considered “tested” if they break the seal on their test booklet or open the booklet.
- Examinees who do not test may request the following:

Test Date Change	<p>If an examinee wants to test on a later test date, follow the instructions below. Test Date Change requests received after the late deadline will not be honored.</p> <ul style="list-style-type: none"> On the web. Log in to your ACT web account and choose “Make Changes to your Registration” for that test date. Payment must be made by credit card. By phone. Call 319.337.1332 (Monday – Friday 8:00 a.m. – 5:00 p.m. CT). Request a “Test Date Change” and test with extended time. Payment must be made by credit card. By mail. Send a copy of the extended time ticket with a note requesting a new test date and preferred test center for that date. Include a check or money order as payment.
Refund for Optional Services	<p>Examinees scheduled to take the ACT Plus Writing may request a refund for optional services (e.g., the Writing Test, Test Information Release, and 5th or 6th college codes) ordered and paid for before the test date.</p> <ul style="list-style-type: none"> Go to www.actstudent.org. Type “refund request” in the search bar at the top of the page and follow the links for instructions. Requests received after July 31, 2015 will not be honored.

If the Approved Examinee Wants to Retest with Extended Time

If an examinee wants to reregister for a *future* national test date and test with the **same** accommodations, there are two options available:

Reregister on the web.	<ol style="list-style-type: none"> Log in to your student web account. Click the “Yes” button when asked if you want to test again with the same accommodations. You will be prompted to print your ticket as soon as your test center assignment is confirmed. Note: Call 319.337.1851 immediately if your ticket does not show “Extended Time” in the top-right corner. Payment must be made by credit card.
Reregister by phone.	<ol style="list-style-type: none"> Call 319.337.1332 (Monday – Friday, 8:00 a.m. – 5:00 p.m. CT). Note: The phone service fee applies. Tell the service representative you want to test again with extended time. Payment must be made by credit card.

Overview

The procedures for requesting ACT Extended Time National Testing are outlined below. Please review these steps before completing the Request.

Step 1: Choose an appropriate accommodations program.

- ❖ **National Testing:** If the examinee can test at a test center within the US, US territories, Puerto Rico, or Canada, and use a regular type (10-point) or large type (18-point) test booklet, request one of the following:

National Standard Time with Accommodations

- Examples of accommodations available include:
 - assign to a wheelchair-accessible room
 - large type test booklet
 - marking multiple-choice responses in the test booklet
- Examinees with hearing impairments may request seating near the front to lip-read spoken instructions.
- A sign language interpreter to sign spoken instructions (not test items).
- The Application for ACT National Standard Time with Accommodations is available at www.actstudent.org.

National Extended Time

- Extended Time (50% time extension).
- Approved examinees taking the ACT (No Writing) have up to 5 hours to work on all four multiple-choice tests at their own pace.
- Approved examinees taking the ACT Plus Writing have up to 5 hours and 45 minutes.
- The total time allowed for both test options includes breaks between tests.
- The Request for ACT Extended Time National Testing is available at www.actstudent.org.

Note: Examinees applying for either of the above options can register online at www.actstudent.org or by mail.

- ❖ **Special Testing:** Special Testing at school is designed for examinees whose documented disabilities require accommodations that cannot be provided at a test center. Examples include:

- more than 50% time extension
- testing over multiple days
- alternate test formats (braille, DVDs, or a reader)
- use of a scribe or computer for the Writing Test
- extended time on the Writing Test **only**
- The Request for ACT Special Testing is available at www.actstudent.org.

Step 2: Review the policies and procedures provided.

- It is important to read and understand the policies and procedures before the Request is submitted.
- For questions or additional assistance, please call 319.337.1332.

Step 3: Register online, complete the Request and provide the required documentation.

- To request Extended Time, register for a national test date by the registration deadline for that test date at www.actstudent.org.
Note: When you register, you will automatically be assigned to test with standard time.
- Upload a photo according to the on-screen instructions.
- Print a copy of your ticket for submitting with your Request.
- Supporting documentation is required. If any of the information provided is found to be false, ACT reserves the right to cancel scores.
- Faxed or emailed forms will not be accepted.

Step 4: Submit the information to ACT.

Mail the following items to ACT Extended Time (50), 301 ACT Drive, PO Box 4068, Iowa City, IA 52243-4068.

- Completed and signed Request for ACT Extended Time National Testing.
- Copy of your accommodations plan.
- Copy of your admission ticket.
- Complete documentation when required.

Note: Incomplete/unsigned forms, forms without payment, or forms without all required documentation will delay processing. Keep a photocopy for your files.

Step 5: Receive ACT's accommodations decision notification.

Approved:

- You will receive an email notification with instructions to print your extended time admission ticket.
- ACT may reassign you to the nearest test center with an extended time seat available.

NOT approved:

- You will receive written notification.
- You will still be registered to test per the information on your original standard time ticket.
- **ACT may, at its discretion, request additional documentation to support any application.** All documentation must be submitted in writing.

Decisions will not be given by phone. If you have not received a response by mail or email, contact ACT before the test date.

Overview

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

- States the specific impairment as diagnosed.
- Is current (diagnosed or reconfirmed within three academic years).
- Describes presenting problem(s) and developmental history, including relevant educational and medical history.
- Describes the substantial limitations (e.g., adverse effects on learning, academic achievement, or other major life activities) resulting from the impairment, as supported by the test results.
- Describes specific recommended accommodations and provides a rationale explaining how these specific accommodations address the substantial limitations.
- Establishes the professional credentials of the evaluator, including information about licensure or certification, education, and area of specialization.

The information below indicates the required documentation for each condition:

<p>ADD/ADHD</p> <ul style="list-style-type: none"> • evidence of early impairment • evidence of current impairment, including presenting problem and diagnostic interview • evidence that alternative explanations were ruled out • results from valid, standardized, age-appropriate assessments • number of applicable DSM-IV or DSM-5 criteria and description of how they impair the individual
<p>Autism Spectrum Disorder</p> <p>Documentation should include current information regarding adaptive behavior, executive functioning, attention, mental health, and academic fluency.</p>
<p>Hearing Impairments</p> <p>Documentation should include the most recent audiogram and/or an evaluation of communication skills including speech, reading, and receptive/expressive language skills.</p>
<p>Learning Disabilities</p> <p>Complete test and subtest results including standard scores and/or percentiles from reliable, valid, and standardized measures from:</p> <ul style="list-style-type: none"> • an intellectual assessment using a complete and comprehensive battery • a complete achievement battery • evidence that alternative explanations were ruled out
<p>Medical Conditions</p> <ul style="list-style-type: none"> • specific diagnosis and age/date of onset • current and/or prior course of medical treatment, including the impact of medical treatment specific to the examinee • current and/or prior therapy outcomes (e.g. physical, occupational, and/or speech therapy, mental health counseling/psychiatric treatment) • current impact on examinee’s education (e.g. school absence, hospital and/or home bound status, reduced school schedule) • current impact on academic functioning (e.g. psychoeducational or neuropsychological evaluations, grade reports, transcripts, and/or other standardized testing)

Refer to www.act.org/aap/disab/policy.html for complete details about what documentation to submit in support of requests for accommodations, including information for examinees who are homeschooled or no longer in high school.

<p>Psychiatric Disorders</p> <p>Due to the variable nature of these conditions, the following documentation must be within the past year:</p> <ul style="list-style-type: none"> • age of onset and course of illness • psychological tests used • the history of treatment for the disorder • how the impairment affects functioning across settings
<p>Speech and Language Disorders</p> <ul style="list-style-type: none"> • specific diagnosis, including presenting problems • developmental and educational history • evidence that demonstrates the current impact of a speech and language disorder on reading, written expression, and/or learning
<p>Traumatic Brain Injuries</p> <ul style="list-style-type: none"> • the date of the accident • status and diagnosis upon hospital admission • length of hospital stay • discharge date • review of type and outcome of outpatient therapy (Occupational Therapy, Physical Therapy, Speech Therapy), if applicable • evidence of current, continued educational impairment relating to requested accommodations, supported by objective data (psychological or neuropsychological testing, observations, rating scales, etc.)
<p>Visual Impairments</p> <ul style="list-style-type: none"> • specific ocular diagnosis • record of complete ocular examination from within the past 12 months including: <ul style="list-style-type: none"> ○ chief complaint ○ history of illness ○ visual acuity ○ complete ocular motility exam (versions, tropias, phorias, stereopsis) ○ slit lamp exam ○ visual field ○ pupil exam ○ optic nerve ○ retina • results of a measure of reading (decoding, rate, and comprehension) if the diagnosed condition is purported to affect reading

Side 1: Sections A through F must be completed by the examinee/parent. Please print clearly.

A. Examinee Information (print or type)

Name (Last, First, Middle Initial)		ACT ID (from ticket)	
Street Address or PO Box		Date of Birth	
City	State	ZIP	Phone Number (include area code)
High School / College Currently Attending		High School Code (if currently attending)	

B. Test Date/ Test Option and Test Center Choices

- This application will be processed **only** if returned with a copy of your ticket postmarked by the deadline for the test date on the ticket.
- Forms postmarked after the regular deadline, but received by the late deadline, will be processed.
- Forms received after the late deadline will be processed for the next test date.

Test Date (mark only one)	Postmark Deadline	Test Option	Preferred Test Center
<input type="checkbox"/> September 13, 2014	August 8	<input type="checkbox"/> ACT (No Writing)	Test Center Code
<input type="checkbox"/> October 25, 2014	September 19		Test Center Name
<input type="checkbox"/> December 13, 2014	November 7	<input type="checkbox"/> ACT <i>Plus Writing</i>	City, State/Province, ZIP/Postal Code, Country
<input type="checkbox"/> February 7, 2015	January 9		
<input type="checkbox"/> April 18, 2015	March 13		
<input type="checkbox"/> June 13, 2015	May 8		

C. Test Format Requested

- Mark only one format. Braille, DVDs, and readers are offered only through Special Testing. If you need any of those formats, complete the *Request for ACT Special Testing* instead of this application.
- Regular Type (10-point) booklet with scannable answer sheet
 Large Type (18-point only) booklet with *both* scannable and large block answer sheets
- Note:** If you request a large type booklet, you must submit documentation of a visual disability.

D. Other Accommodations Requested

- Mark only if applicable and enclose supporting documentation.
- Students approved for extended time are assigned to an extended time room (normally 10 or fewer examinees).
- It is your responsibility to request accommodations in addition to extended time.
- Testing over more than one day or with a scribe or computer for the Writing Test is offered only through Special Testing.

<input type="checkbox"/> Seating at front of room (only if normally provided at school)	<input type="checkbox"/> Wheelchair access; table (not desk)
<input type="checkbox"/> Written copy of spoken instructions	<input type="checkbox"/> Mark responses in test booklet
<input type="checkbox"/> Authorization to bring sign language interpreter for spoken instructions (not test items)	<input type="checkbox"/> Other _____

E. Student/Parent/Legal Guardian Signatures (required)

*I verify the information on this form is accurate to the best of my knowledge; I authorize release to ACT of diagnostic information by school officials, physicians, or others having such information. I understand that any documentation provided to ACT will be kept confidential, will be used solely to determine eligibility, and will not become part of my score record. **If this application is not approved, I understand I am still registered to test with standard time on the test date at the test center on my ticket. If this application is approved, I understand ACT will send an email to me prompting me to print my extended time ticket.***

Student's Signature	Parent/legal guardian signature (if student is under 18)	Date
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F. Previous ACT National Testing with Extended Time

If you were previously approved for Extended Time National Testing AND are requesting new or different accommodations, list the month and year of that test date above and complete BOTH sides of the application. You must submit documentation to support the new accommodations.

Month _____ Year _____

Side 2: Sections G through J must be completed by a qualified individual (not a relative) who can provide verified documentation of the student's diagnosed impairment and current test accommodations at the school due to the diagnosis. This is normally a school official such as a counselor, special education teacher, or principal. (If no longer in school or homeschooled, enclose full documentation and complete sections G.1, G.2, and J.)

Student's Name: _____ Email address: _____
(optional)

G. Diagnosed Impairment

G1. Specific diagnosis: _____
(Required- must be *more specific* than "learning disabled", "other health impaired", "perceptual communications disorder", auditory processing deficits", etc. Provide the specific diagnosis for learning disabilities, e.g., reading, mathematics, or written expression.)

G2. When and by whom the student was:

FIRST diagnosed*	Reconfirmation (within last 3 years)
Date (month/year): _____	_____
Age or grade of student: _____	_____
Person making diagnosis: Name _____	_____
Job title _____	_____
Qualifications (degrees, specialization, certification) _____	_____

*Complete documentation required if **FIRST** diagnosis was within the last 3 years, or for visual, hearing, psychological, emotional, or physical disorders. See "Guidelines for Documentation".

H. Documentation Currently on File at School

Circle either YES or NO; **check most current and ALL relevant school years**; and attach the required documentation. If plan has been in place **less than 3 years**, complete documentation is required.

ALL schools – Is an **Individualized Education Program (IEP), Section 504 Plan, or official accommodations plan** on file for this student that states the need for extended time and any other accommodations requested on Side 1 due to the impairment listed above?

YES Check ALL relevant school years: 2014-2015 2013-2014 2012-2013 2011-2012
Attach a copy of test accommodations/services pages from most current plan (with the student's name and effective dates).

NO See "Exceptions Statement and Complete Documentation Required" below.
AN EXCEPTIONS STATEMENT AND COMPLETE DOCUMENTATION REQUIRED if no IEP, Section 504 Plan, or official accommodations plan is on file OR the plan has been in place less than 3 years: Attach a signed statement on school letterhead detailing the test accommodations currently provided in school *due to the diagnosis*, the conditions under which they are allowed, and the frequency of current usage. Include a copy of ALL documentation of the student's diagnosis on file at the school. (See "Guidelines for Documentation".)

I. Current Time Accommodations at School

Circle YES or NO. If NO, see "Exceptions Statement and Complete Documentation Required" below.

YES **NO** Does your school officially **permit** this student extended time for tests (classroom and standardized) **as a result of this diagnosis and supporting documentation?**

EXCEPTIONS STATEMENT AND DOCUMENTATION REQUIRED. Attach a signed statement on school letterhead from a qualified professional (on staff at the school or school district) who has reviewed the student's file to: 1) state under what circumstances extended time would be permitted for this student in school and the basis for providing that accommodation (include complete documentation – see "Guidelines for Documentation"; 2) explain why extended time is not currently provided; 3) explain why you believe extended time should be allowed on the ACT; 4) describe any assistance provided for this student outside of school, if known. **Exceptions require additional time for review; please apply as early as possible.**

J. School Official's Signature
*I affirm the student named on this form attends the school where I work. I verify the information provided on this form **and in the attached IEP, Section 405 Plan, accommodations plan, and supporting documentation** is accurate, to the best of my knowledge, and reflects the test accommodations currently provided in school.*

 School Official's Signature (not a relative of student) Email Address

 Print Official's Name, Title, and School Telephone number (include area code)