

CB West ACT/SAT Accommodations Questionnaire

Student Name: _____ Date of Birth: _____ Date Applying: _____

Date of Birth: _____ Grade: _____ Student case manager or counselor: _____

Student's disability: _____ (e.g. Hearing loss, Autism, Learning Disorder, etc.)

Date student originally qualified for services in school (first IEP date): _____

Please check the accommodations below that you are requesting for the SAT and ACT. Please keep in mind that Collegeboard and/or ACT Corp. makes the final decision for approval of accommodations. Typically, accommodations that are approved are also accommodations that are found in the IEP or 504 plan and utilized by the student regularly in the school setting.

Presentation of Testing:

- Large Print
- Human reader (entire test – all test questions)
- Use of highlighter
- Sign/oral present instruction
- Magnification device
- Colored Overlays
- Braille with raised line drawings
- Pre-recorded audio
- Assistive technology-compatible test format

Setting:

- Small group setting
- Preferential seating
- One-to-one testing
- Wheelchair accessibility

Other:

- Four function calculator
- Auditory amplification
- Permission for food/drink/medication
- Printed copy of verbal instructions
- Cell phone use to monitor medical device

Responding:

- Verbal – dictated to scribe
- Computer for written response – all features are disabled (no spell check, grammar, cut/paste, etc.)
- Record answers in test booklet
- Large print (large block) answer sheet

Timing/Scheduling

- Frequent breaks
- 50% extended time (time and a half)
- 100% extended time (double time)

Parent signature: _____ Date: _____

Student signature: _____ Date: _____