ACT Accommodation Steps for Case Managers

1. **ACT Accommodation Checklist:** An ACT Accommodation checklist must be completed and submitted to your school psychologist by <u>December 1, 2014</u> for all 11th grade students on your caseload. The only exception is for those students taking the MTAS; no checklist is needed. This task can be completed at an IEP meeting <u>or</u> through conversations with the student, parents, and other IEP team members. Team input is vital as the selection of testing accommodations must match with the students post-secondary plans.

2. **Revisions to IEPs:** Through an IEP meeting or the amendment process, the student's IEP must be revised and a PWN sent home to reflect the team's decision regarding ACT accommodations. If the amendment process is being used, an Agreement to Amend form must also accompany the revised IEP in addition to a PWN. Below are the specific steps and timelines depending on the team's decision.

   ❏ **No accommodations on the ACT**, revise IEP to reflect this team decision by <u>December 12, 2014</u>.

   ❏ **State allowed and/or local accommodations on the ACT**, revise IEP to reflect the specific accommodations by <u>December 12, 2014</u>.

   ❏ **ACT approved accommodations and/or local accommodations on the ACT, but will take the assessment with the same set of state-approved accommodations (making score not reportable) if ACT denies the accommodation application**, revise IEP to reflect ACT with the accommodations that were agreed upon by <u>December 12, 2014</u>. Because the team determined that the student will have the accommodations regardless of ACT approval, these accommodations can be added at any time, even before ACT approval/denial is known.

   ❏ **ACT approved accommodations and/or local accommodations on the ACT, but will take the assessment without any accommodations (making score reportable) if ACT denies the accommodation application**, revise IEP to reflect ACT with ACT approved accommodations <u>or</u> ACT with no accommodations after firm approval or denial is received from ACT. IEP revisions must be completed by <u>March 16, 2015</u>, two weeks prior to the start of ordering window to allow for passive consent to go into effect Note: ACT may request more information after submission; this is not a denial. In this situation, case manager would need to provide the requested information and wait for ACT approval/denial. The only exception would be Braille, as that accommodation is only an ACT approved accommodation.

3. **Parental Consent.** If parent does not agree to the propose revisions to IEP, please contact your school psychologist immediately so adjustments can be made to the ACT accommodation checklist you submitted and the correct materials ordered and the appropriate test is administered to the student.

ACT Accommodation Checklist

Student name: _____   **MARSS Number:** _____
Case Manager: _____   **Date of Birth:**   _____
Student Address: _____

1. The IEP Team determined that the student requires accommodations in order to access the ACT:

❏   Yes (proceed to question #2)
❏   No (no additional information needed; checklist complete)

2. The Individualized Education Program (IEP) team identified the following post-secondary plan and coordinating ACT accommodation needs for the student:

Post-secondary Plan	Coordinating Accommodation Type	Accommodations linked to student's current accommodations in IEP (check all that apply)
❏ Applying to four-year college or university requiring ACT score, NCAA participation, <u>or</u> seeking scholarship that requires ACT score	ACT-Approved Accommodation plus Locally Approved Accommodation as needed	ACT-approved Accommodations: ❏ Double Time (over multiple days) ❏ Standard Time (over multiple days) ❏ Standard Time with stop the clock breaks (one day) ❏ Time and one-half self-paced (one day) ❏ Time and one-half (over multiple days) ❏ Large type (18-point font) ❏ Braille ❏ Reader's script with regular type ❏ Reader's script with large type ❏ Reader's script with raised line drawings ❏ DVDs with regular type ❏ DVDs with large type ❏ DVDs with raised line drawings

		❏ Scribe or computer on Writing Test or scribe to circle answers on multiple-choice, if examinee is not able to circle answers Locally Approved Accommodations: ❏ Wheelchair accessible room ❏ Seating in the front of the room ❏ Irlen filters/color overlays ❏ Individual or small group testing ❏ Food, drink, or access to medication, for examinees with medical needs ❏ Written verbal instructions and visual notification of time ❏ Sign language interpreter (not a relative, not for test items) ❏ Examinee circling the answers in the test booklet (testing staff must transfer to answer document, see manual for details)
❏ Two-year college or program not requiring ACT score <u>or</u> no post-secondary education (i.e., getting a job straight out of high school)	State-Allowed Accommodation plus Locally Approved Accommodation as needed	State-Allowed Accommodations: ❏ Double Time (over multiple days) ❏ Standard Time (over multiple days) ❏ Standard Time with stop the clock breaks (one day) ❏ Time and one-half self-paced (one day) ❏ Time and one-half (over multiple days) ❏ Large type (18-point font) ❏ Reader's script with regular type ❏ Reader's script with large type ❏ Reader's script with raised line drawings ❏ DVDs with regular type ❏ DVDs with large type ❏ DVDs with raised line drawings ❏ Examinee circling the answers in the test booklet ❏ Scribe or computer on Writing Test or scribe to circle answers on multiple-choice, if examinee is not able to circle answers Locally Approved Accommodations: ❏ Wheelchair accessible room ❏ Seating in the front of the room

		❏ Irlen filters/color overlays ❏ Individual or small group testing ❏ Food, drink, or access to medication, for examinees with medical needs ❏ Written verbal instructions and visual notification of time ❏ Sign language interpreter (not a relative, not for test items) ❏ Examinee circling the answers in the test booklet (testing staff must transfer to answer document, see manual for details)

3. If the student requires ACT-Approved Accommodations (above), please complete the following section. If the student requires state-approved accommodations (above), no additional information needed.

If ACT denies accommodation application, determine as IEP team whether:
- ❏ student will take ACT without accommodations (score reportable)
- ❏ student will take ACT with state accommodations (score not reportable)

Diagnosed Disability:

Cognitive/Intellectual Disability
- ❏ Intellectual Impairment (IQ <85)
- ❏ TBI
- ❏ Post-Concussive Syndrome

Learning Disability
- ❏ Reading disorder
- ❏ Math disorder
- ❏ Disorder of written expression
- ❏ Speech/language disorder

Motor Disability
- ❏ Cerebral palsy
- ❏ Muscular Dystrophy
- ❏ Quadrapalegic/paralysis of upper extremities

Psychological Disability
- ❏ ADD/ADHD
- ❏ Autism Spectrum Disorder
- ❏ Anxiety Disorder
- ❏ Depression
- ❏ EBD
- ❏ PDD Asperger's
- ❏ Tourette's

Sensory Disability
- ❏ Blind/Legally Blind (both eyes)
- ❏ Deaf
- ❏ Visual Impairment
- ❏ Hearing Impairment

Physical//Medical Disability
- ❏ Diabetes
- ❏ Migraines
- ❏ Epilepsy/Seizures

Other
- ❏ Description; enter a specific diagnosis:

  _____ _____

Type of Plan:

❏ IEP
❏ 504

How many years has the plan been in place?
❏ less than one year
❏ one year or more

Documentation Provided for Upload to ACT:

Required documentation for **all** students seeking ACT approved accommodations (please attach to this checklist):
❏ IEP Accommodations page **and** Testing Accommodation page **or** 504 plan
❏ Signed ACT release of information form

Additional required documentation for the following disability areas **OR** the student has been on the IEP/504 plan for less than one year (please attach to this checklist): speech/language disorder; autism/autism spectrum disorder/PDD; Asperger's Syndrome; anxiety disorder; Tourette's Syndrome/tic disorder; hearing impairment; visual impairment; epilepsy/seizures; other

❏ A psychoeducational/neuropsychological evaluation
❏ A qualified professional diagnosis
❏ A complete evaluation
❏ Other documentation if needed (e.g., a letter from a teacher discussing specific ways in which conditions affect daily classroom functioning)

School Psychologist's Approval Signature _____   Date _____