Policies for Extended Time National Testing 2015–2016

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

General Information

- Extended Time National testing is designed for examinees who can test at a test center and use a regular type (10-point) or large type (18-point) test booklet.
- ACT provides test accommodations in accordance with Title III of the Americans with Disabilities Act (ADA).
- The summary Guidelines for Documentation (on page 3) and the detailed information on **www.act.org** reflect professional standards. ACT reviewers are looking for objective evidence that demonstrates impairment as recognized by the ADA and a need for the requested accommodation(s).
- The ACT® test is offered only in English. Accommodations are not available solely on the basis of limited English proficiency.

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.

Deadlines

- It is in your best interest to apply as early as possible.
- Register online at **www.actstudent.org** and mail the request by the regular deadline for the test date.
- Requests postmarked after the regular deadline but received by the late deadline will be processed for the requested test date.
- Requests received after the late deadline will not be processed. You will receive a letter asking if you want your request considered for the next test date.
- Requests will not be considered for standby testing.
- For a full list of deadlines, visit **www.actstudent.org**.

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.	1. Log in to your student web account. 2. Click the "Yes" button when asked if you want to test again with the same accommodations. 3. You will be prompted to print your ticket as soon as your test center assignment is confirmed. **Note:** Call 319.337.1332 immediately if your ticket does not show "Extended Time" in the top-right corner. 4. Payment* must be made by credit card.
Reregister by phone.	1. Call 319.337.1332 (Monday–Friday, 8:00 a.m.–5:00 p.m. Central Time). **Note:** The phone service fee applies. 2. Tell the service representative you want to test again with extended time. 3. Payment* must be made by credit card.

If the Examinee Does Not Test

- The fee 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	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. ● **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. Central Time). Request a "Test Date Change." 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	Examinees scheduled to take the ACT 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. ● 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, 2016, will not be honored.

***A list of payment fees can be found at www.actstudent.org.**

Procedures for Extended Time National Testing 2015–2016

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 United States, 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 *Request 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 with writing have up to 6 hours.
- 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 to submit 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 admission ticket.
- Copy of your accommodations plan.
- Complete documentation when required.

Note: Incomplete/unsigned forms, forms without payment, or forms without all required documentation will not be processed. Keep a photocopy for your files.

STEP 5: Receive ACT 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 according to the information on your original standard time ticket.
- **ACT may, at its discretion, request additional documentation to support any request. All documentation must be submitted in writing.**

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

Guidelines for Documentation

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:

ADD/ADHD

- 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

Autism Spectrum Disorder

Documentation should include current information regarding adaptive behavior, executive functioning, attention, mental health, and academic fluency.

Hearing Impairments

Documentation should include the most recent audiogram and/or an evaluation of communication skills including speech, reading, and receptive/expressive language skills.

Learning Disabilities

Complete test and subtest results including standard scores and/or percentiles from reliable, valid, and standardized measures from:

- an intellectual assessment using a complete and comprehensive battery
- a complete achievement battery
- evidence that alternative explanations were ruled out

Medical Conditions

- 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.

Psychiatric Disorders

Due to the variable nature of these conditions, the following documentation must be within the past year:

- age of onset and course of illness
- psychological tests used
- the history of treatment for the disorder
- how the impairment affects functioning across settings

Speech and Language Disorders

- 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

Traumatic Brain Injuries

- 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.)

Visual Impairments

- specific ocular diagnosis
- record of complete ocular examination from within the past 12 months including:
  - 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

The ACT® Request for ACT Extended Time National Testing 2015–2016

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 /Province | ZIP /Postal Code | 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 request will be processed only if returned with a copy of your ticket postmarked by the deadline for the test date on the ticket.
- For a complete list of deadlines, visit **www.actstudent.org**.
  - Requests postmarked after the regular deadline, but received by the late deadline, will be processed.
  - If the request is received after the late deadline, you will receive a letter asking if you want the request considered for the next test date.

Test Date (mark only one)	**Postmark Deadline**	**Test Option**
☐ September 12, 2015	August 7	
☐ October 24, 2015	September 18	
☐ December 12, 2015	November 6	☐ ACT (no writing)
☐ February 6, 2016	January 8	
☐ April 9, 2016	March 4	☐ ACT with writing
☐ June 11, 2016	May 6	

Preferred Test Center
Test Center Code
Test Center Name
City, State/Province, ZIP/Postal Code, Country

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*.

☐ 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.
- Examinees 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.

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

E. Examinee Signature (required)

I certify that I am the person whose information is submitted on this Request for ACT Extended Time National Testing form and that the information provided is accurate to the best of my knowledge. I understand that by signing below, I consent to the ACT Privacy Policy ***(www.act.org/privacy.html)****, which is incorporated into this form by reference, including consent to the collection of personally identifying information and its subsequent use and disclosure.*

Without limiting the above statement, 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 examinee score record.

International Examinees: *By signing below, I am also providing my consent to ACT to transfer my personally identifying information to the United States to ACT or a third party service provider for processing, where it will be subject to use and disclosure under the laws of the United States. I acknowledge and agree that it may also be accessible to law enforcement and national security authorities in the United States.*

If this request is not approved, I understand I am still registered to test with standard time on the test date at the test center listed on my ticket. If this request is approved, I understand ACT will send me an email instructing me to print my extended time ticket to present on the date of testing.

If I am under the age of 18, the signature of my parent or legal guardian certifies and agrees to these terms and conditions on my behalf.

Examinee Signature | Parent/Legal Guardian Signature (if examinee is under 18) | Date

Side 2: Please print clearly

Examinee Name:_____ Email address:_____
(optional)

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 below and complete BOTH sides of the Request. You must submit documentation to support the new accommodations.

Month_____ Year_____

IMPORTANT: Sections G through J must be completed by a qualified individual (not a relative) who can provide verified documentation of the examinee'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 and J.

G. Diagnosed Impairment

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.

*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. Current IEP, 504 Plan, or Official Accommodations Plan

1. Staple a copy of the most current test accommodations/services pages from the examinee's IEP, 504 Plan, or official accommodations plan to this request. Check the box to indicate the plan you are submitting.

   ☐ IEP ☐ 504 Plan ☐ Official Accommodations Plan ☐ Exceptions Statement

   The IEP, 504 Plan, or official accommodations plan must state the need for extended time, an alternate format, and/or any additional requests. The examinee's name and effective dates must also appear on each page.

2. Check ALL school years in which an IEP, 504 Plan, or official accommodations plan has been in place for the examinee.
   ☐Grade 12 ☐Grade 11 ☐Grade 10 ☐Grade 9 ☐Grade 8 ☐Before grade 8

I. Current Time Accommodations at School

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

☐YES ☐NO Does your school officially **permit** this examinee 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 examinee's file to: 1) state under what circumstances extended time would be permitted for this examinee 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 examinee 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 examinee named on this form attends the school where I work. I verify the information provided on this form **and in the attached IEP, Section 504 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 examinee) Email Address

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

K. Return of Request Form

Detach and mail this completed form and all required supporting documentation to:
ACT Extended Time (50), 301 ACT Drive, PO Box 4068, Iowa City, IA 52243-4068

KEEP A PHOTOCOPY FOR YOUR RECORDS

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