Oak Park High School
899 North Kanan Road
Oak Park, California 91377
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www.oakparkusd.org/ophs

Request to Submit Testing Accommodations to the College Board and/or ACT

To type directly into the document, go to File → Make a Copy

Please accurately fill in the prompts in each box below as this is the information needed to submit your request for testing accommodations. Submit completed forms to a counselor or case manager at least three months prior to the next expected test date.

Last Name:	First Name:	Middle Name:

Date of Birth:	Expected Graduation Date: May, 20___
Gender:	Is the address information on Q/Connect accurate? (Y/N)

What is your best contact phone number?
What is your best contact email address?

What is your next expected College Board exam and when is your next expected test date?
When is your next expected ACT test date?
Please complete the corresponding consent form(s) on Page 3 and 4 ***You may leave one of these boxes blank if you do not intend to take a College Board or ACT exam.***

Which type of learning plan is currently being used? (IEP, 504, SST)
What is the reason for the plan? (i.e. the learning disability of record)
What is the first date of this plan?
Which testing accommodations are you requesting?

Are all requested accommodations for testing currently listed in the learning plan? (Y/N)
Are all requested accommodations for testing currently utilized in the classroom? (Y/N)

Office Use Only:

Counselors and Case Managers, please ensure the following documents are sent DIGITALLY to Administration upon receipt of this form from the family.

- Completed Request Form
- Consent Form(s) - See next two pages
- Current Learning Plan (IEP, 504, SST) - Must be in PDF form
- All assessment documentation, school-based or from a private doctor - Must be in PDF form

CollegeBoard

Services for Students with Disabilities

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Consent Form for Accommodations Request

Student Information
Student Name:
School:
Student Date of Birth:

Student and Parent/Guardian Signature

I wish to apply for testing accommodation(s) on College Board tests (SAT, PSAT/NMSQT, and/or Advanced Placement Exams) due to disability. I authorize my school: to release to the College Board copies of my records that document the existence of my disability and need for testing accommodations; to release any other information in the school's custody that the College Board requests for the purpose of determining my eligibility for testing accommodations on College Board tests; and to discuss my disability and accommodation needs with the College Board. I also grant the College Board permission to receive and review my records, and to discuss my disability and needs with school personnel and other professionals. I agree to the conditions set forth in the student bulletins for the SAT, AP, and PSAT/NMSQT Programs relating to accommodations for disabilities.

Signatures
Student Signature:
Date:
Parent Signature:
Date:

Instructions to the School

This form must be used when a request for accommodation(s) is submitted electronically (via SSD Online). The form should be maintained by the school with the student's records. It does not need to be sent to the College Board. You will be asked to verify that a signed Consent Form is on file at the school prior to submitting a request for accommodations.

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Consent to Release Information to ACT

Student Information
Student Name:

Examinee/Parent Signature

I verify that the information provided in the accommodations request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of documents or other information related to this request by school officials, physicians, or others having such information, if requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Signature
Parent or legal guardian signature, or student signature if over age 18:
Date:

Telephone Consent

I verify that I have spoken to the examinee's parent or legal guardian by telephone, and obtained his or her permission to release information to ACT specifically as described above.

School official's signature:
Date: