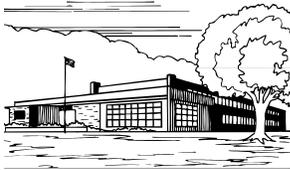


Process / Information about the ACT Exam

1. Students who wish to apply for testing accommodations for the ACT need to do so when they are registering for their first ACT test administration. Therefore, ACT Request forms are NOT submitted prior to the junior year.
2. To request accommodations, students must first register for a test date at www.act.org. You will need to upload a photo, and you'll need our HS code (334532).
3. To request accommodations, as you are registering for the exam scroll down until you see "Need Accommodations?" This link will bring you to the instructions for requesting accommodations.
4. Refer to the attached handout to determine which type of testing to request. Additional information is provided on the website listed above.
5. Parents must complete the attached consent form and submit it to my attention in Guidance. The student's ACT ID must be included. This ID will be provided by ACT once registration has been completed.



Plainview Old Bethpage John F. Kennedy High School

50 Kennedy Drive Plainview, NY 11803

Guidance Office: 516-434-3150

Fax: 516-937-6384

James Murray **Diana Beltrani** **Michael Cestaro** **Philip Farrelly** **Matina Stergiopoulos**

Principal *Assistant Principal* *Assistant Principal* *Assistant Principal* *Assistant Principal*

Counselors

Jessica Baker
Domenick DiDomenico
Sara Egosi
Daniel Jarmon
Joseph Izzo
Jason Miller
Cristina Rivas-Laline
Jennifer Siegel

Director of Guidance

Laurie B. Lynn

Psychologists

Tina Sirignano
Dr. Jay Wechter
Dr. Maria Xydas

Social Workers

Jamie Pfeffer
Melissa Rudes

Mental Health Provider

Gina McGarry

ACT Test Accommodations for Students with Disabilities

General Information

I. Eligibility to Request Extended Time

- Professionally diagnosed condition.
- Appropriate documentation on file at school.
- Extended time and/or appropriate accommodations used on tests in school due to disability.

II. Which Type of Testing to Request

a. Apply for **National Extended Time** if the student:

- Normally uses up to time-and-a-half for tests in school
AND
- Can use a regular type (10-pt.) or large type (18-pt.) test booklet

b. Request **Special Testing** (at school and during the school week) only if the student:

- Normally uses **more** than time-and-a-half on tests (or uses extended time only on writing tests), **or**
- Requires testing over multiple days due to the nature of the disability, **or**
- Normally uses alternate test formats such as Braille, or a reader; or a scribe or computer for essays (available only for students whose disabilities prevent them from writing independently).



Consent to Release Information to ACT

Print the examinee's first and last name.

Examinee First Name Examinee Last 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.

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

Was student previously approved by ACT? Yes ___ No ___

If yes, please list date of tests:

ACT ID: _____

Date Of Next Test: _____

Version: 2019