



Langley High School Form for Requesting ACT Accommodations

The information from this application form will be utilized to electronically file your request to the ACT by Langley High School's Services for Students with Disabilities (SSD) Coordinator. While the SSD Coordinator is available to help facilitate this process, student/parents are ultimately responsible for completing the packet in a timely manner. It will **require up to 3 weeks** to electronically submit your application so plan accordingly. Please know that Langley forwards information to the appropriate organization and does not take part in the decision process. The presence of an IEP/ 504 Plan does not constitute an automatic approval.

Step 1. I have read and understand the information above and believe my student is eligible.

Please review basic criteria for [ACT](#) eligibility. _____ (initial)

Step 2. Complete this cover page and turn in on top of all materials.

I am applying for: ACT Date you plan to take the ACT: _____

I have an (check one): IEP 504 Plan

PLEASE PRINT CLEARLY AND CAREFULLY - Blanks or partially filled out sections will delay processing

Student's Name (First, Middle, Last): _____ Student ID: _____

Home Address (Street, City, State, Zip): _____ Grade: _____

Home Telephone Number: _____ Date of Birth: _____

Are you a transfer student: NO YES Expected year of Graduation: _____

Parent Email: _____

Date of 1st IEP/504: _____ Date of Current: _____

Does your IEP/504 allow for extended time? (circle one): NO YES → 50% 100% Multiple Days

Specific Medical Condition and Date of initial diagnosis: _____

Accommodation(s) Requested for ACT: _____

Step 3. Print, complete, sign and attach appropriate consent form: [Consent to Release Information to ACT](#)

Step 4. Provide all documentation requested by the [ACT](#). Please include the following items to speed up processing of your application EVEN if the school has them on file;

- A copy of the most recent IEP or 504 Educational plan
- A copy of the most recent Physician's diagnosis (on letterhead) and any Psychological/Educational testing (must be within three years and in PDF or Word format)

Step 5. Return all materials (cover sheet, consent form & documentation) to appropriate SSD Coordinator below:

ACT	
Students with IEPs	Ms. Deb Dornemann dldornemann@fcps.edu
Students with 504 Plans	Ms. Janice Dabroski jldabroski@fcps.edu

Step 6. Register your student on the ACT website for a specific test date and request accommodations..

**Once your child is registered for the ACT and ALL documentation is received, the coordinator will be processing your request.

Updates and additional requests from the ACT will be sent to you as they are received.**