



## 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 Graduation Year: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of 1<sup>st</sup> IEP/504: \_\_\_\_\_ Date of Current: \_\_\_\_\_

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

Is this request for a medical condition? NO YES

Specific Medical Condition and Date of initial diagnosis (if applicable): \_\_\_\_\_

\_\_\_\_\_

Primary Handicapping Condition: \_\_\_\_\_

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/ 504/ Educational plan
- A copy of the most recent Physician, Psychological and if applicable, educational testing reports

**Step 5.** Return all materials (cover sheet, consent form and documentation) to the SSD Coordinator

ACT	
Students with IEP's	Ms. Deb Dornemann <a href="mailto:dldornemann@fcps.edu">dldornemann@fcps.edu</a>
Students with 504's	Mr. Braden Peterson <a href="mailto:bjpeterson@fcps.edu">bjpeterson@fcps.edu</a>

**Step 6.** Register your student on the ACT website.

\*\*Once your child is registered for the ACT and documentation is returned to the appropriate person, the coordinator will process your request. Updates and additional requests from the ACT will be sent to you as they are received.\*\*