

AMHERST - PELHAM *Regional* SCHOOL DISTRICT
 AMHERST, MASSACHUSETTS

Amherst Regional High School Mark Jackson, Principal
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REQUESTING TESTING ACCOMMODATIONS FOR COLLEGE BOARD TESTS
(PSAT, SAT OR AP TESTING)

1. START EARLY

The approval process can take up to approximately *seven weeks* from receipt of *complete* information. If a student uses accommodations that have not been approved by the College Board prior to the test administration, test scores will not be provided. If a request is not approved and more documentation is requested, the review process will take an additional seven weeks from receipt of the additional information.

Requests, with accompanying documentation, *must be received by the high school's SSD coordinator at least one week prior to the deadline for submission to the College Board (see third column below for deadline).*

2017-2018 Test Dates	Accommodations Request and Documentation (Where Required) Must Be Submitted to College Board by:	Accommodations Request and Documentation (Where Required) <u>Must Be Submitted to ARHS SSD Coordinator by:</u>
SAT® and SAT Subject Tests™ Aug 26, 2017	July 7, 2017	June 28, 2017
SAT® and SAT Subject Tests™ Oct. 20, 2017	August 18, 2017	June 28, 2017
PSAT/NMSQT® October 11, 2017	August 22, 2017	June 18, 2017
SAT and SAT Subject Tests Nov. 4, 2017	September 15, 2017	September 8, 2017
SAT and SAT Subject Tests December 2, 2017	October 13, 2017	October 6, 2017
SAT March 10, 2018	January 19, 2018	January 12, 2018
Advanced Placement Program May 7-11, 14-18, 2018	February 23, 2018	February 15, 2018
SAT and SAT Subject Tests May 5, 2018	March 16, 2018	March 9, 2018
SAT and SAT Subject Tests June 2, 2018	April 13, 2018	April 6, 2018

2. SUBMIT A SIGNED AGREEMENT FORM.

A signed parent agreement is required to be on file. If the student is 18 or over, the student may sign the agreement. (A copy of the form is attached with this information).

3. TEACHER INPUT FORMS.

Select two teachers and have them complete the Teacher Input Forms (copies attached). The student should collect the completed forms from the teacher for inclusion in this packet.

4. ANSWER ALL APPLICABLE QUESTIONS

Please complete all of the questions on pages 3-10 of this document that pertain to your student and their particular requests. Failure to fill in this information could delay approval.

5. GATHER AND MAKE COPIES OF DOCUMENTATION OF THE STUDENT'S DISABILITY AND NEED FOR ACCOMMODATIONS.

In order to receive accommodations on College Board tests, a student should have documentation of a disability and need for accommodations. We will be asked about the student's documentation during the online process, and upon completion of the process, may be asked to submit it. In the majority of cases, documentation does not need to be sent to the College Board. *However, it is best to have the documentation on file with the initial Accommodations Request, so it is available immediately should it need to be sent to the College Board for review.* Documentation recommendations may vary depending on the student's disability and requested accommodations.

With some exceptions, documentation will be requested for the College Board's review when any of the following circumstances apply: The student's only disability is "other impairment"; the student has been declassified or has no formal plan in place; the student has not had an official educational plan, and/or used the requested accommodations in the past four school months; the testing is not current; school documentation does not include results from both a cognitive ability test and an academic achievement test (for learning disabilities and ADHD); the student needs more than 100% extended time; the student needs individualized testing; or the student needs testing accommodations not commonly provided.

6. RETURN COMPLETED REQUEST FORM AND ATTACHED DOCUMENTATION

Completed applications should be returned to Cathy Tracy in room 309 at least one week prior to test registration deadline (see chart above).

7. Approved accommodations remain in effect until one year after high school graduation (with some limited exceptions) and can be used on the SAT, SAT Subject Tests, PSAT/NMSQT, PSAT 10, and AP Exams.

ACCOMMODATION REQUEST FOR COLLEGE BOARD TESTS (SAT, PSAT, AP)

In order to process the on-line request, answers to the questions on the following pages are required, unless indicated as optional with an *. All requests, with accompanying documentation must be submitted to Cathy Tracy, room 309 by the date indicated on page 1.

STUDENT INFORMATION:

First Name: _____ Middle Initial*: _____ Last Name: _____

Email*: _____ (please print clearly)

Date of Birth: _____ Gender: _____ Male _____ Female

Expected High School Graduation Date (Month/Year): _____ Social Security #* _____

Student Mailing Address: Street: _____

City: _____ State: _____ Zip / Post Code: _____

Home Phone (with area/code) _____

Next Intended College Board Test

Test: _____ Date (Year/Month): _____ Don't Know: _____

Has a Student Request for Accommodations already been submitted for this student?

_____ No _____ Yes

Is your student new to this school? _____ No _____ Yes

If yes, was the student approved for accommodations at the former school? _____ No _____ Yes

Is there a current school-generated formal educational plan/program that is approved for the student? (To be current, the plan/program must have been approved within the past 12 months.)

_____ Yes, a current formal education plan is approved for the student.

Please indicate the type of program (IEP, 504, etc.) _____

Please provide your best estimate of the date that the ***INITIAL (first ever)*** plan went into effect for the student, EVEN IF AT ANOTHER SCHOOL. (NOTE: ***Estimate the approximate date of the student's FIRST plan, NOT current plan.*** For example, if this is the student's triennial evaluation, the student has had the plan in place for approximately 3 years. If your student is new to this school but had an IEP or 504 plan at the previous school, ***use the date of the prior school's plan.*** Documentation is required if the date is within the last 4 school months:

_____ I know the specific date: _____

_____ I am not sure of the date, but it was within the last 4 school months - Documentation Required

_____ I don't know / remember the specific date, or it was more than 4 school months ago

_____ No, a current formal education plan is not currently approved for the student (Documentation required).

SELECTED DISABILITIES: (Please Check all that apply)

Learning Disorder:

- Reading Disorder Disorder of Written Expression
 Mathematics Disorder Learning Disorder Not Otherwise Specified

AD/HD:

- Attention-Deficit/Hyperactivity Disorder, Combined Type
 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type (ADD)
 Attention-Deficit/Hyperactivity Disorder, Predominantly Impulsive/Hyperactive Type

Hearing:

- Deaf Central Auditory Processing
 Hard of Hearing Other Hearing Impairment (Indicate below):

Autism Spectrum Disorders:

- Autistic Disorder
 Asperger's Disorder
 Pervasive Development Disorder (PDD)

Visual:

- Blind Low Vision/Visually Impaired
 Legally Blind Convergence Insufficiency (Doc. required)
 Other Visual Disorder (Documentation required) (indicate below)

Physical/Medical:

- | | | |
|---|---|--|
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Juvenile Rheumatoid | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis/Arthritis | <input type="checkbox"/> Epstein Barr |
| <input type="checkbox"/> Hydrocephalus | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Narcolepsy/Sleep Disorder |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Epilepsy/Seizure Disorder |
| <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Guillain-Barre Syndrome | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Neurofibromatosis | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Other Physical/ Medical
Disorder (Indicate below) | <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Syncope |

_____ (Documentation Required)

Communication Disorder/Speech and Language:

- _____ Expressive Language Disorder/Speech Sound Disorder/Fluency Disorder
 - _____ Language Disorder/Mixed Receptive-Expressive Language Disorder
 - _____ Phonological Disorder (Documentation required)
 - _____ Other Communication/Speech and Language Disorder; Documentation required
-

Intellectual Disability:

- _____ Intellectual Disability

Psychiatric:

- | | |
|--|--|
| _____ Generalized Anxiety Disorder | _____ Obsessive-Compulsive Disorder |
| _____ Panic Disorder | _____ Schizophrenia Spectrum Disorder |
| _____ Post-Traumatic Stress Disorder | _____ Oppositional Defiant Disorder |
| _____ Depression/Depressive Disorder | _____ Tourette's Syndrome/Tic Disorder |
| _____ Bipolar Disorder | _____ Emotionally Disturbed |
| _____ Other Psychiatric Disorder (Indicate below:) | |

_____ (Documentation Required)

Other:

- _____ Multiply Handicapped
 - _____ Dysgraphia
 - _____ Other/Documentation required (Indicate below):
-

Use this section to add any additional comments regarding disabilities:

REQUESTED ACCOMMODATIONS: (Please select at least one accommodation.)

Note: Check each accommodation you are requesting, and circle "YES" if the Student has been receiving this accommodation for at least last 4 school months, or NO, if the Student has NOT been receiving this accommodation for at least last 4 school months (Documentation required).

EXTENDED TIME

Indicate the amount of extended time requested for each test or section type. If you are not requesting extended time for a particular test type, leave that section blank. **Circle** whether the student has been receiving this accommodation for at least the last four school months.

Test Section:

Reading:

- Reading Extra Time: +50%
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Reading Extra Time: +100%
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Reading Extra Time: Greater than +100%(Documentation required))
Student has been receiving this accommodation for at least last 4 school months Yes / No

Written Language Expression

- Written Language Expression: +50%
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Written Language Expression: +100%
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Written Language Expression: Greater than +100%(Documentation required)
Student has been receiving this accommodation for at least last 4 school months Yes / No

Mathematical Calculations

- Mathematical Calculations: +50%
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Mathematical Calculations: +100%
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Mathematical Calculations: Greater than +100%(Documentation required)
Student has been receiving this accommodation for at least last 4 school months Yes / No

Listening (Foreign language and music test only)

- Listening (Foreign language and music test only): +50%
Student has been receiving this accommodation for at least last 4 school months Yes / No _____
- Listening (Foreign language and music test only): +100%
Student has been receiving this accommodation for at least last 4 school months Yes / No _____
- Listening (Foreign language/music test only): Greater than +100%(Documentation required)
Student has been receiving this accommodation for at least last 4 school months Yes / No

Speaking (Foreign language test only)

- Speaking (Foreign language test only): +50%
Student has been receiving this accommodation for at least last 4 school months Yes / No _____
- Speaking (Foreign language test only): +100%
Student has been receiving this accommodation for at least last 4 school months Yes / No _____
- Speaking (Foreign language test only): Greater than +100%(Documentation required)
Student has been receiving this accommodation for at least last 4 school months Yes / No _____

Please briefly describe how the student's disability causes the student to work more slowly than other students.

READING/SEEING TEXT

Large Print Test Book:

- _____ Enlarged (Large Block) answer sheet (No bubbles/not scanned)
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Reader
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ MP3 Audio
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Braille
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Magnifier
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Magnifying Machine
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Braille graphs and figures
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Use of color overlay/lens
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Assistive Technology Compatible Test Form (Documentation required)
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Other/Indicate below (Documentation required):
Student has been receiving this accommodation for at least last 4 school months Yes / No
-

RECORDING ANSWERS

- _____ Enlarged (Large Block) answer sheet (No bubbles/not scanned)
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Computer (Word Processor ONLY for essays ONLY)
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Writer/Scribe to Record Responses
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Braille Writer
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Record answers in test book
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - _____ Other/Indicate below (Documentation required):
Student has been receiving this accommodation for at least last 4 school months Yes / No
-

EXTRA/EXTENDED BREAKS

- Extra Breaks Between Test Sections
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - Extended Breaks
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - Breaks As Needed
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - Permission to Test Blood Sugar
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - Other/Indicate Below (Documentation required):
Student has been receiving this accommodation for at least last 4 school months Yes / No
-

MODIFIED SETTING

- Preferential seating Please indicate where the student needs to sit
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - Small group setting
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - School-Based Testing
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - One-to-one testing
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - Wheelchair Accessibility
Student has been receiving this accommodation for at least last 4 school months Yes / No
 - Other (Documentation required) Indicate below:
Student has been receiving this accommodation for at least last 4 school months Yes / No
-

OTHER

- Permission for food/medication
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Written copy of oral instructions
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Sign Language Interpreter for Oral Instructions ONLY
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Assistive Technology (Documentation required)
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Auditory Amplification / FM System
Student has been receiving this accommodation for at least last 4 school months Yes / No
- 4-Function Calculator
Student has been receiving this accommodation for at least last 4 school months Yes / No
- Other (Documentation required)
Use this section to add any additional comments regarding Accommodations

EVALUATION TESTING VERIFICATION

Please indicate if you are attaching one or more of the following tests/evaluations for the student. Requests for verification of documentation will differ depending on the student's disability and requested accommodations. In some cases, the tests/evaluations listed below may provide similar types of information, and therefore not all tests/evaluations listed may be needed. Attaching the documentation at the time of the request will shorten the time required to return required documentation.

Was a **Medical Evaluation** conducted within the last 12 months?

_____ Yes, a test was conducted

Examiner's Name: _____

Examiner's Title: _____

Area of Certification/License (i.e. ophthalmology) _____

Please provide your best estimate on the date the test was conducted (documentation may be required if the date is not within the last 12 months):

_____ I know the specific date: _____

_____ I am not sure of the date, but it was within the last 4 school months - Documentation Required

_____ I don't know / remember the specific date, or it was more than 4 school months ago

_____ No, a test has not been conducted (documentation may be required)

Was a **Cognitive Ability Test** conducted? (Commonly used tests that measure cognitive abilities)

_____ Yes, a test was conducted

Test Name (most current version at time of testing, ie Woocock-Johnson, Weschler, Stanford Diagnostic, etc.) _____

Examiner's Name: _____

Examiner's Title: _____

Area of Certification/License (i.e. ophthalmology) _____

Please provide your best estimate on the date the test was conducted (documentation may be required if the date is not within the last 12 months):

_____ I know the specific date: _____

_____ I am not sure of the date, but it was within the last 4 school months - Documentation Required

_____ I don't know / remember the specific date, or it was more than 4 school months ago

_____ No, a test has not been conducted (documentation may be required)

Was a **Test of Academic Achievement** conducted within the last 5 years? (Commonly used tests that measure academic achievement)

_____ Yes, a test was conducted

Test Name (most current version at time of testing, ie Woocock-Johnson, Weschler, Stanford Diagnostic, etc.) _____

Examiner's Name: _____

Examiner's Title: _____

Area of Certification/License (i.e. ophthalmology) _____

Please provide your best estimate on the date the test was conducted (documentation may be required if the date is not within the last 12 months):

_____ I know the specific date: _____

_____ I am not sure of the date, but it was within the last 4 school months - Documentation Required

_____ I don't know / remember the specific date, or it was more than 4 school months ago

_____ No, a test has not been conducted (documentation may be required)

Was a **Test of Psychological Evaluation** conducted within the last 5 years? (Commonly used tests that measure academic achievement)

Test Name (most current version at time of testing, ie Woocock-Johnson, Weschler, Stanford Diagnostic, etc.) _____

Examiner's Name: _____

Examiner's Title: _____

Area of Certification/License (i.e. ophthalmology) _____

Please provide your best estimate on the date the test was conducted (documentation may be required if the date is not within the last 12 months):

_____ I know the specific date: _____

_____ I am not sure of the date, but it was within the last 4 school months - Documentation Required

_____ I don't know / remember the specific date, or it was more than 4 school months ago

_____ No, a test has not been conducted (documentation may be required)



Services for Students with Disabilities

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.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Parent/guardian signature is required if Student is under 18.)

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.

Teacher Survey

Student Name: _____ Return To: _____

Teacher Name: _____ Subject/Class: _____

To the teacher: The student named above has requested testing accommodations for College Board tests. Your detailed input regarding his/her needs on classroom tests is valuable in our decision making process.

1. How long has the student been in your class? _____
2. **OBSERVATION:** Briefly describe your observations of the student's disability and its impact during your class. Where possible, provide specific examples. Include the frequency and severity of symptoms displayed during class.

3. **ACCOMMODATIONS USED:** What specific accommodations are used by the student during classroom testing? Please indicate which of these accommodations are used on a consistent basis.

4. **EXTENDED TIME USED:** If the student is provided extended time for classroom tests, how much additional time does he/she generally use (e.g., 50%) to complete each of the following question types? (Note: Indicate time actually used, not the time approved.)

- a. Multiple-choice test items: _____

- b. Other question types, such as short-answer questions, essays, and math problems (Indicate the amount of additional time used for each applicable type):

- c. How does the student generally use the extended time (e.g., to complete test questions, to review completed test questions, to take breaks, etc.)?

5. **IMPACT:** Describe the impact of the provided accommodations on the student's performance. Does the student use the accommodations effectively? How does it change his/her performance on tests? What happens if accommodations are not provided?

Signature: _____ Date: _____