The College Board Services for Students with Disabilities
Consent Form for Request for Accommodations

Student Information

Please complete the following information and sign below:

Student's Name: ________________________________
                        Last                      First                      Middle Initial

Mailing Address: ________________________________________________________________
                                    Street Address                      City                      State                      Zip

Home Phone Number: ____________________________
                                        Area Code

Email Address: ________________________________ (optional)

Social Security Number: ________________________________ (optional)

Date of Birth: ____________________________  Expected H.S. Graduation Year: ______________
                               Month                      Day                      Year

Next Intended College Board Test (Circle One): PSAT    SAT  Date of Test: ______________
                                                  Month                      Year

Please read the following statement and sign below:

I wish to apply for testing accommodation(s) on College Board tests (SAT, PSAT/NMSQT, and/or Advanced Placement Tests) 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's Signature                      Date

__________________________             _______________________
Parent/Guardian's Signature             Date
(Required if Student Is under 18)
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School Information

A. Disability: What is the student’s diagnosed disability? (Note all that apply)
O LD (e.g., dyslexia, visual/auditory/language processing):
O ADHD
O Autism (Not Aspergers)
O Hearing
O Visual (specify): Visual Acuity:
O Physical (specify):
O Other impairment (specify):
   (If this is the only disability, include documentation for review)
O No diagnosed disability (Include documentation for review)

B. Documentation
1a. Formal Education Plan/Program Verification
O Current IEP
O Current 504 Plan
O Current Formal Written Plan/Program
   O No current formal plan is in place (include documentation)
   O Student has been declassification (include documentation)

1b. What is the date the IEP/504 plan/program was approved for the student
   Month  Year

1c. Indicate whether the date responding to 1b. (date of first school plan) was more or less than 4 months ago
   O More than 4 school months ago  O Less than 4 school months ago (include documentation for review)

2a. Evaluation Testing Verification
   Is the testing to support the need for accommodation/s current?
   (Note: For academic testing, within 5 years; for psychiatric disabilities, the annual evaluation update must be
   within 1 year; for visual, within 2 years; for physical medical, within 1 year from the time of request.)
   O Yes  O No (include documentation for review)

   If yes, indicate date of most recent evaluation

   Cognitive Ability Test (Test Name, i.e. WISC, WAIS)
   Examiner’s Name & Title
   Area of Certification: Date of Evaluation:

   Academic Achievement Test (Test Name, i.e. WIAT)
   Examiner’s Name & Title
   Area of Certification: Date of Evaluation:

   O School documentation includes results from BOTH a cognitive ability and academic achievement test
   O School documentation does not include results from BOTH a cognitive ability and academic achievement test
      (include documentation for review)
   O Does not apply (only for certain physical/visual conditions (include documentation for review)
C. Requested Accommodations

1. Extended Time: Indicate the amount of extended time requested for each test or section type.

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>+50%</th>
<th>+100%</th>
<th>Greater than 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O Time needed:</td>
</tr>
<tr>
<td>Written language expression</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O Time needed:</td>
</tr>
<tr>
<td>Mathematical calculations</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O Time needed:</td>
</tr>
<tr>
<td>Listening (foreign language/music only)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O Time needed:</td>
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<tr>
<td>Speaking (foreign language only)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O Time needed:</td>
</tr>
</tbody>
</table>

2. Visual Assistance
   - O Large Print (14 point)
   - O Large print test book (20 point)
   - O Enlarged answer sheet

3. Auditory Assistance
   - O Cassette Test

4. Manual Assistance (Do not choose both a computer and a writer/scribe.)
   - O Writer/scribe to record dictated responses
   - O Computer (word processor) for essays (include documentation for review)
   - O Enlarged answer sheet (no “bubbles,” not scanned)

5. Breaks
   - O Extra breaks (between each section)
   - O Extended breaks (twice the length of standard breaks)

6. Other Assistance
   - O Small group testing
   - O Preferential seating (specify: _________________)
   - O Permission for medication/food/drinks during test

B. Accommodations Provided and Used on School Tests (Must be completed.)

O All accommodations requested above have been provided and used on school tests for the past four school months and are included on the student’s current IEP, 504 Plan, or Formal Written Plan/Program.

O Some or all accommodations requested above have NOT been provided and used on school tests for the past four school months or are not included on the student’s current IEP, 504 Plan, or Formal Written Plan/Program. In the space below, list the accommodations that the student is requesting that have not been provided, used, or included in a school plan (include documentation for review).