

Walpole High School  
222175

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  
(Required if Student is under 18)

\_\_\_\_\_  
Date



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*School Information*

**A. Disability:** What is the student's diagnosed disability? (Note all that apply)

- LD (e.g., dyslexia, visual/auditory/language processing): \_\_\_\_\_
- ADHD
- Autism (Not Aspergers)
- Hearing
- Visual (specify): \_\_\_\_\_ Visual Acuity: \_\_\_\_\_
- Physical (specify): \_\_\_\_\_
- Other impairment (specify): \_\_\_\_\_  
(If this is the only disability, include documentation for review)
- No diagnosed disability (include documentation for review)

**B. Documentation**

**1a. Formal Education Plan/Program Verification**

- Current IEP  No current formal plan is in place (include documentation)
- Current 504 Plan  Student has been declassification (include documentation)
- Current Formal Written Plan/Program

**1b.** What is the date the FIRST 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

- More than 4 school months ago  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.)

- Yes  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: \_\_\_\_\_

- School documentation includes results from BOTH a cognitive ability and academic achievement test
- School documentation does not include results from BOTH a cognitive ability and academic achievement test  
(include documentation for review)
- 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.

	<u>None</u>	<u>+50%</u>	<u>+100%</u>	<u>Greater than 100%</u>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Time needed: _____
Written language expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Time needed: _____
Mathematical calculations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Time needed: _____
Listening (foreign language/music only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Time needed: _____
Speaking (foreign language only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Time needed: _____

2. Visual Assistance

- Large Print (14 point)    Large print test book (20 point)    Enlarged answer sheet

3. Auditory Assistance

- Cassette Test

4. Manual Assistance (Do not choose both a computer and a writer/scribe.)

- Writer/scribe to record dictated responses  
 Computer (word processor) for essays (include documentation for review)  
 Enlarged answer sheet (no "bubbles," not scanned)

5. Breaks

- Extra breaks (between each section)                       Extended breaks (twice the length of standard breaks)

6. Other Assistance

- Small group testing  
 Preferential seating (specify: \_\_\_\_\_)  
 Permission for medication/food/drinks during test

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

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.

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).

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