

North Carolina State Testing ACT - Accommodations



December 5, 2011

Today's Goal

- Provide important information to North Carolina school personnel to assist in the successful planning & administration of the ACT with accommodations
- Review information the Testing Accommodations Coordinator (TAC) needs to know to complete the “ACT-Approved Application Process”

Today's Agenda

- Accommodations Overview
- ACT-Approved Accommodations Process
- State-Allowed Online Order
- Accommodations Summary
- Frequently Asked Questions Received by the NCDPI
- Questions and Answers



Accommodations Overview

- **ACT–Approved Accommodations** result in ACT scores that are fully reportable to colleges, scholarships, and other entities.
 - **Disability**: A mental or physical impairment or condition that *substantially limits a major life activity*.
- **State–Allowed Accommodations** result in ACT scores that are not college-reportable; they are used for state accountability purposes only.
- **Locally Approved Accommodations**

ACT-Approved Application Process

RECEIPT DEADLINE:

FRIDAY DEC 16

Side One

- Student Information
- Diagnosis
- Test Format
- Test Time

ACT[®]

Plus Writing
Early March

Application for ACT-Approved Test Accommodations – Spring 2012 ACT State Testing

The deadline for ACT to receive ACT-Approved Accommodations applications from your school is **December 16, 2011**.

This form is to be completed by a school official, such as a counselor, special education teacher, or principal, following the instructions provided in the *Procedures for Applying for ACT Test Accommodations – Spring 2012*.

A. STUDENT INFORMATION. (Please print or type.)

Student Name (Last, First, Middle Initial) _____ Date of Birth (Mo/Day/Yr) _____

Student Street Address or PO Box _____ City _____ State _____ Zip _____

Name of High School Where the Student Will Test _____ ACT HS Code (required) _____
(This request must come in under the header sheet from the same school with the same ACT HS Code)

B. PREVIOUS APPROVAL OF THE SAME ACCOMMODATIONS ON THE ACT. Check either Yes or No to indicate whether this student has been approved previously for the same accommodations on the ACT.

- Yes If yes, complete all of Side 1 of this form and sign sections J and K. You may leave sections G, H, and I blank.
 No If no, both sides of this form must be completed and required documentation submitted.

C. DIAGNOSED DISABILITY. Check all that apply.

- | | | |
|---|---|---|
| Learning Disability (01) | Physical/Sensory Disability (02) | Psychological Disability (03) |
| <input type="checkbox"/> (RD) Reading Disorder | <input type="checkbox"/> (DF) Hearing Impairment | <input type="checkbox"/> (AD) Attention Deficit Disorder/ADHD |
| <input type="checkbox"/> (DA) Mathematics Disorder | <input type="checkbox"/> (PH) Motor Impairment* (explain on side 2, G) | <input type="checkbox"/> (AX) Anxiety Disorder* (explain on side 2, G) |
| <input type="checkbox"/> (SL) Speech/Language Disorder* | <input type="checkbox"/> (VI) Visual Impairment* (explain on side 2, G) | <input type="checkbox"/> (BD) Emotional/Behavioral Disorder |
| <input type="checkbox"/> (DW) Writing Disorder/Written Expression | <input type="checkbox"/> (TR) Tourette's Syndrome | <input type="checkbox"/> (AU) Autism Spectrum Disorder* |
| | <input type="checkbox"/> (EP) Epilepsy or Seizures | <input type="checkbox"/> (PD) Other Psychological/Cognitive Disability, including intellectual disability* (explain on side 2, G) |
| | | FSIQ _____ |
| | Other Disability (07) | |
| | <input type="checkbox"/> (HB) Confined to home (explain on side 2, G) | |
| | <input type="checkbox"/> (OD) Other* (explain on side 2, G) | |
- *Full documentation required

D. TEST FORMAT REQUESTED. Check only one. Alternate formats must be supported by diagnosis and IEP or 504 Plan. Examinees using reader's script must test individually. Readers may not read the tests to a group of examinees. For oral presentation, choose ONE of the following: DVDs, cassettes, or reader's script. **Note: If you do not check a box below, the student will automatically receive regular type (10-point).**

- | | | |
|---|---|---|
| <input type="checkbox"/> (01) Regular Type (10-point) | <input type="checkbox"/> (05) Cassettes w/ Large Type | <input type="checkbox"/> (09) Reader's Script w/ Raised Line Drawings |
| <input type="checkbox"/> (02) Large Type (18-point) | <input type="checkbox"/> (06) Cassettes w/ Raised Line Drawings | <input type="checkbox"/> (10) DVDs w/ Regular Type |
| <input type="checkbox"/> (03) Braille (printed copy included) | <input type="checkbox"/> (07) Reader's Script w/ Regular Type | <input type="checkbox"/> (20) DVDs w/ Large Type |
| <input type="checkbox"/> (04) Cassettes w/ Regular Type | <input type="checkbox"/> (08) Reader's Script w/ Large Type | <input type="checkbox"/> (21) DVDs w/ Raised Line Drawings |

E. TIME REQUESTED. Check only one. ACT will assign a timing code (e.g., standard time, time-and-a-half, double time, triple time) based on the disability and approved test format.

- | | |
|---|---|
| <input type="checkbox"/> Standard time - large type only | <input type="checkbox"/> Self-paced time-and-a-half, all tests on one day |
| <input type="checkbox"/> Standard time on each test; authorization to test over multiple days | <input type="checkbox"/> Extended time only on Writing Test (60 minutes) |
| <input type="checkbox"/> Extended time on each test; authorization to test over multiple days | |

F. OTHER ACCOMMODATIONS REQUESTED. Mark only if other accommodations are needed in addition to extended time or alternate formats (for example, authorization to use assistive technology) and enclose supporting documentation.

- Other (be specific): _____

ACT-Approved Application Process

■ Side Two

- History
- Signature

■ Documentation Guidelines

- Current (within 3 years)
- Presenting problem/s and relevant history

Student's Name (please print) _____ City _____ State _____

G. **SPECIFIC DISORDER OR CONDITION.** Complete only for those conditions marked with an asterisk (*) on side 1. Provide diagnostic, not narrative, information. If the diagnosis is not clearly stated, processing of the request will take longer and may require further information from the school before a decision can be made.

H. **HISTORY OF DIAGNOSIS.** If **FIRST** diagnosed before grade 9, complete only "age or grade of student" in section H-a., plus all information in section H-b. If first diagnosed after grade 8, all information requested in sections H-a. and H-b. must be completed. **COMPLETE DOCUMENTATION REQUIRED if FIRST diagnosed within last 3 years OR for visual, hearing, psychological, emotional, or physical disorders.** (See "Guidelines for Documentation.")

When and by whom student was:	H-a. FIRST diagnosed	H-b. recently re-confirmed (within last 3 years)
Date (month/year):		
Age or grade of student:		
Person making diagnosis:		
Name/team		
Job title(s)		
Qualifications (degrees, specialization, certification)		

I. **CURRENT IEP or 504 PLAN ON FILE AT SCHOOL.** The IEP or 504 Plan must state the need for extended time, alternate formats, and/or any other accommodations requested on Side 1 due to the disability listed above. If plan has been in place less than 3 years, complete diagnostic documentation is required.

1. Mark the appropriate box and **attach** the required copy (which must include student's name and effective dates).

- IEP; attach a copy of the test accommodations/services page(s) from the current IEP.
- 504 Plan; attach a copy of the test accommodations/services page(s) from the current 504 Plan.

2. Mark **ALL** school years for which the student has had an IEP or 504 Plan, including year(s) before current school.

- 2011-2012 (grade 11)
- 2010-2011 (grade 10)
- 2009-2010 (grade 9)
- 2008-2009 (grade 8)
- Before grade 8

J. **SCHOOL OFFICIAL'S SIGNATURE.** I affirm the student named on this form is enrolled at and/or attends this school, and I verify the information provided on this form and in the attached IEP or 504 Plan and any other required documentation is accurate, to the best of my knowledge, and reflects the testing accommodations now provided in school.

School Official's Signature (may not be a relative of the student) Print Official's Name and Title

School Official's E-mail Address

K. **STUDENT/PARENT SIGNATURE.** I verify the information provided on this form is accurate to the best of my knowledge. I authorize the release to ACT of information related to this request by school officials, physicians, or others having such information, if requested. I understand that any documentation provided to ACT will remain with the application and will not become part of the student's permanent score record. If this request cannot be approved based on the information submitted, I understand the student may be required to test without the requested accommodations.

Student's Signature (required if 18 or older)

Parent/Legal Guardian Signature (required if student is under 18). **Note:** School official may sign for parent/legal guardian only if verbal acknowledgement has been obtained by phone. See Procedures for Applying for ACT Test Accommodations.

Date

SUBMITTING THIS APPLICATION: Incomplete or unsigned forms will delay processing, which may result in the student having to test without accommodations. **Keep a photocopy for your files. Early applications are encouraged.** If ACT has questions about the information submitted, the Test Accommodations Coordinator will be contacted. The application must be submitted with a **completed** Test Accommodations Coordinator Header. Applications must be received at ACT by the appropriate deadline above and sent to:

ACT State Test Accommodations
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071

ACT-Approved Application Process

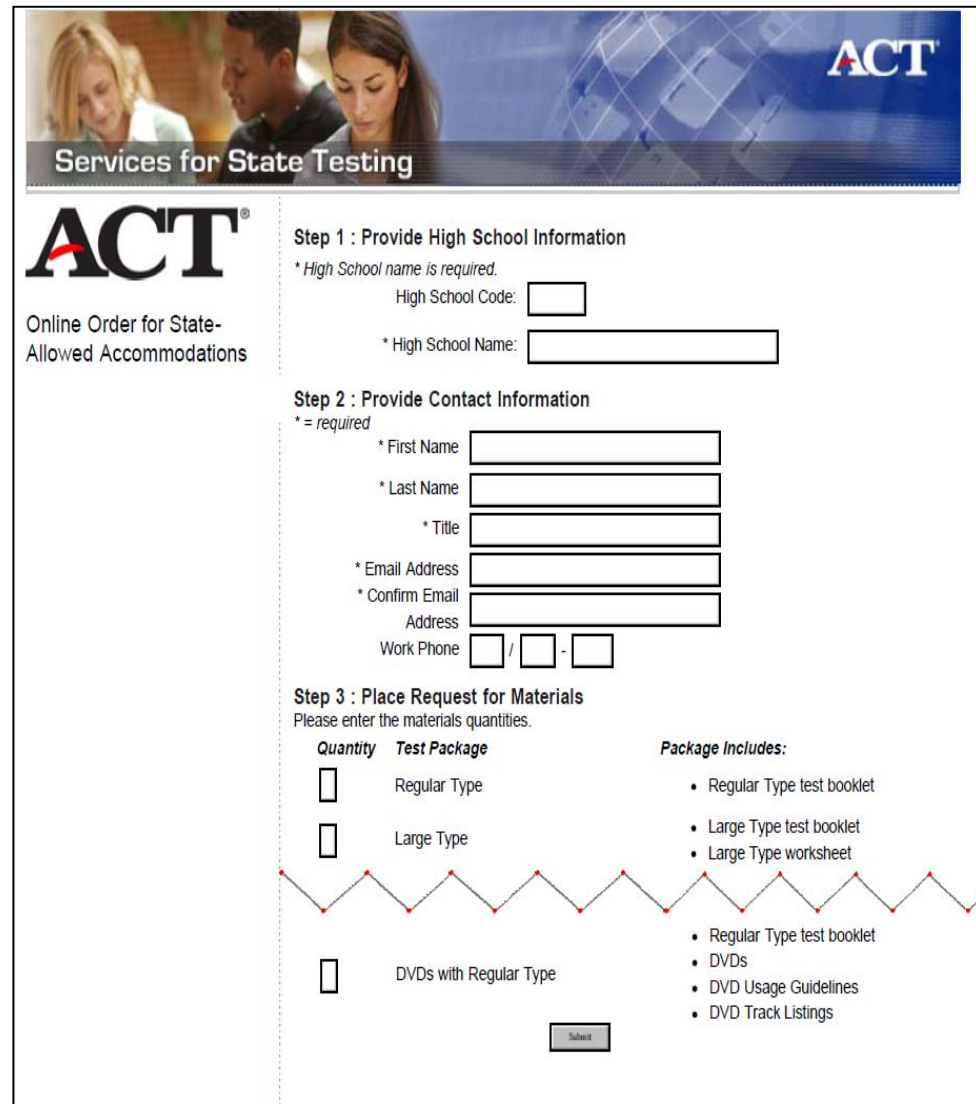
- Review Process
 - Denials
 - Provide Additional Information
 - Test Standard Time OR State-Allowed
- Preliminary Roster – week of **January 23rd**
 - All or Partial approvals
 - Review for Accuracy by **February 6th**

ACT-Approved State Test Accommodations Roster	
ACT High School Code: 111-111 ACT High School	
Test Accommodations Coordinator: Sam Smith	
1.	Ref No. 650001 John Smith Timing Code: 2 - Up to double time on each test (over multiple days) Test Format: STATE REGULAR 59E / WRITING 14K No additional accommodations
2.	Ref No. 650002 Joe Smith Timing Code: 3 - Up to triple time on each test (over multiple days) Test Format: STATE REGULAR 59E / WRITING 14K / READER Clarification of Accommodations: * Each examinee approved for a reader must test individually. The room supervisor must read the tests to the examinee verbatim from the provided Reader's Script, NOT from a regular print test booklet.
3.	Ref No. 650003 Julie Smith Timing Code: 5 - Standard time Test Format: STATE REGULAR 59E / WRITING 14K Clarification of Accommodations: * Testing over multiple days using standard time limits is approved. Each subject must be completed in one sitting. * The use of a reader is NOT approved.
4.	Ref No. 650004 Jen Smith Timing Code: 6 - Up 5 hours and 45 minutes total to complete all 5 tests Test Format: STATE REGULAR 59E / WRITING 14K Clarification of Accommodations: * Authorization to test over more than one day is NOT approved.
5.	Ref No. 650005 Jane Smith Timing Code: 7 - Up to time-and-a-half on each test (over multiple days) Test Format: STATE REGULAR 59E / WRITING 14K No additional accommodations

State-Allowed Online Order

Submit order by **February 24th**

- No approval by ACT
- Denied ACT-Approved Accommodation
- Do not meet requirements for ACT-Approved Accommodations



The screenshot shows the ACT online order form for state-allowed accommodations. The form is titled "Services for State Testing" and "ACT Online Order for State-Allowed Accommodations". It is divided into three steps:

Step 1: Provide High School Information
* High School name is required.
High School Code:
* High School Name:

Step 2: Provide Contact Information
* = required
* First Name:
* Last Name:
* Title:
* Email Address:
* Confirm Email:
Address:
Work Phone: / -

Step 3: Place Request for Materials
Please enter the materials quantities.

Quantity	Test Package	Package Includes:
<input type="text"/>	Regular Type	<ul style="list-style-type: none">Regular Type test booklet
<input type="text"/>	Large Type	<ul style="list-style-type: none">Large Type test bookletLarge Type worksheet
<input type="text"/>	DVDs with Regular Type	<ul style="list-style-type: none">Regular Type test bookletDVDsDVD Usage GuidelinesDVD Track Listings

Submit



Accommodations Summary

■ Important Dates

- ACT-Approved Application - Receipt Deadline **December 16**
- Preliminary Roster – Changes by **February 6**
- State-Allowed Online Order – **February 24**
- Testing Window – **March 6 through March 20**

■ Resources/Contact Information

- Website - <http://www.act.org/aap/disab/index.html>
- 800/553-6244 x1788 (7:00 AM – 5:00 PM CST)
- ACTStateAccoms@act.org



Frequently Asked Questions Received by the NCDPI



Question #1

- Q: Are OCS students required to participate in the administration of the ACT?
- A: **All** 11th grade students must participate in the ACT, with the exception of students eligible for the *NCEXTEND1* and those who have qualifying SAT scores.



Question #2

- Q: Why should an ACT-approved accommodations request be submitted for a student if he/she will not need a college-reportable score?
- A: Equity! All students deserve the right to receive a college-reportable score. It is unjust to make assumptions about a student's future, and to neglect to submit a request because of an assumption.



Question #3

- Q: What are the approval rates for ACT-approved accommodation requests?
- A: The approval rates last year for two states with student populations similar in size to that of North Carolina were 95.2% and 93.4%.



Question #4

- Q: Do IEPs/Section 504 Plans need to be amended to reflect ACT accommodations?
- A: No, the ACT will be piloted statewide this year. IEPs and Section 504 Plans should not be amended to include accommodations for these tests. Current accommodations documentation should be used. The IEP form will be updated for 2012–13.



Question #5

- Q: How is an ACT-approved accommodation request made if the 11th grade student has completed all NCTP tests and therefore does not have any testing accommodations documented?
- A: In this instance, instructional and benchmark accommodations documentation may be submitted for the accommodation request.



Question #6

- Q: Are ACT-approved accommodations request decisions determined for each individual subtest of the ACT?
- A: With ACT-approved accommodations, the student may use an approved accommodation on all subtests of the ACT.



Question #7

- Q: If extended time has been removed from a student's IEP because all EOC tests have 4-hour maximum time, what documentation is used to request extended time on the ACT?
- A: In this instance, instructional and benchmark accommodations documentation may be submitted for the accommodation request.



Question #8

- Q: How is the ACT-Approved accommodation of a read aloud different from the read aloud on North Carolina-developed state tests?
- A: On the ACT, the read aloud may be provided by a human reader (must be one-on-one) or through use of an audio cassette or DVD (may be small group). The read aloud is to be provided for all subtests of the ACT, including the reading subtest.



Accommodations Resources

- <http://www.act.org/aap/northcarolina/>
 - NCDPI Accommodations Memo (10/24/11)
 - Accommodations Summary Table
 - ACT Supervisor’s Manual – State Special Testing
 - Test Accommodations Coordinator Training Video
- <http://www.ncpublicschools.org/accountability/>
 - ACT and PLAN FAQ document

NCDPI Contact Information

- Accountability/Testing Policy and Operations
 - Audrey Martin-McCoy – audrey.martinmccoy@dpi.nc.gov
 - Carrie Perkis – carrie.perkis@dpi.nc.gov
- Exceptional Children
 - Bobbie Grammer– bobbie.grammer@dpi.nc.gov
- Section 504
 - Carolyn Guthrie– carolyn.guthrie@dpi.nc.gov
- English as a Second Language
 - Helga Fasciano– helga.fasciano@dpi.nc.gov

Questions and Answers

