



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, SAT Subject Tests, PSAT 10, 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.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

Instructions to the School

This form should 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.

Accommodations Request Worksheet (for local use only)

NOTE: Use this worksheet to collect the information needed to submit an accommodations request.
This worksheet is for preparation purposes only and should not be sent to the College Board

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

LEARNER LEGAL NAME: _____

PARENT/GUARDIAN CONSENT RECEIVED: YES NO (circle one)

LEARNER DATE OF BIRTH: (M/D/Y) _____

EXPECTED GRADUATION DATE (M/Y) _____

LEARNER MAILING ADDRESS, CITY, ZIP _____

PARENT/GUARDIAN EMAIL ADDRESS: _____

PARENT/GUARDIAN PHONE NUMBER _____

WHERE WAS TESTING CONDUCTED? CISD PRIVATE NONE (circle one)

Please attach documentation of testing from the learner's physician, if testing was conducted outside of CISD.

I UNDERSTAND College Board will contact me via email or by mail regarding their decision about the requested accommodations for my learner

Parent/Guardian Signature

THIS SECTION TO BE COMPLETED BY SCHOOL

DIAGNOSIS

SPECIFICALLY LIST ALL DIAGNOSIS FOR THE LEARNER. PLEASE DO NOT WRITE OTHER HEALTH IMPAIRMENT

(ie Diabetes, Generalized Anxiety Disorder, ADHD, Dyslexia, etc...)

TYPE OF PLAN: 504 IEP NO FORMAL PLAN (circle one)

APPROXIMATE DATE OF FIRST OFFICIAL SCHOOL PLAN: (M/Y) _____

REQUESTED ACCOMMODATIONS: (ONLY include accommodations desired for College Board tests. Be specific. (ie. 50% extended time in Reading, Writing and Language, and Math; Extra Breaks; MP3 Player; Small Group Setting, etc...) NOTE: College Board requires the entire exam be read by the proctor if a learner is approved for a Reader as an accommodation. Learners may only request accommodations they use for formal testing. They do not have to request everything.

Is the learner currently receiving these accommodations for formal testing? YES or NO (circle one)

If the learner has a current 504 or IEP, does it include the requested accommodations? YES or NO (circle one)