

Rev. 11-14-19

College Board Accommodations Request Form

(for PSAT, SAT, and AP tests)

Please fill out as much of this form as possible; at minimum, the consent on page 2 must be signed. Please return the form to the Mt. Lebanon College Board SSD Coordinator, Rolf Briegel through the high school office, his classroom, or emailing him scans of the completed form. Unreadable forms will not be processed. Direct questions or concerns to rbriegel@mtlsd.net.

Student Name (First, MI, Last): _____

Parent email address: _____

Student date of birth: _____ Expected high school graduation date: _____

Gender: male ____ female ____

Mailing address: _____

City, State, Zip Code: _____

Phone number: _____

Type and date of NEXT intended College Board test: PSAT, SAT, AP _____

Type of plan: IEP 504 other: _____

Date of initial plan (whether at current school or another): _____

Support Teacher / Unit Principal: _____



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.

If you know the disability, please list it below. Otherwise, leave this section blank.

Specific Disability(s); “other health impairment” is insufficient; if Specific Learning Disability, state reading, writing, math, etc.; if ADHD, specify type (inattentive, impulsive / hyperactive, or combined)	Please check when disability first occurred:	
	within the past 4 school months	longer than 4 school months ago

Please briefly describe how the nature of the disability *requires* the requested accommodation, or the request may be denied. Please also add any additional comments as necessary and recognize that College Board may require documentation to support any requests.

Requested accommodations (MUST be referenced in the most current IEP / 504):

Extended Time (Students must sit for the entire duration.)

Test Section	+50% (time + ½)	+100% (double)	more than 100% (documentation required)
Reading			
Writing			
Math Calculations			
Listening (foreign language & music only)			
Speaking (foreign language only)			

Reading / Seeing Text

<input type="checkbox"/> 14 pt font <input type="checkbox"/> 20 pt font <input type="checkbox"/> other large print <input type="checkbox"/> large block answer sheet	<input type="checkbox"/> reader <input type="checkbox"/> MP3 audio <input type="checkbox"/> Braille <input type="checkbox"/> other (contact SSD Coordinator)
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Recording Answers

<input type="checkbox"/> large block answer sheet <input type="checkbox"/> word processor ONLY for essays <input type="checkbox"/> scribe	<input type="checkbox"/> Braille writer <input type="checkbox"/> record answers in test book <input type="checkbox"/> other (documentation required)
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Extra / Extended Breaks

<input type="checkbox"/> extra breaks <input type="checkbox"/> extended breaks <input type="checkbox"/> breaks as needed	<input type="checkbox"/> permission to test blood sugar <input type="checkbox"/> other (documentation required)
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Modified Setting

<input type="checkbox"/> preferential seating <input type="checkbox"/> small group setting <input type="checkbox"/> school based testing	<input type="checkbox"/> one-to-one testing <input type="checkbox"/> wheelchair accessibility <input type="checkbox"/> other (documentation required)
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Other

<input type="checkbox"/> Permission for food/medication <input type="checkbox"/> Written copy of oral instructions <input type="checkbox"/> Auditory Amplification / FM System <input type="checkbox"/> 4-Function Calculator	<input type="checkbox"/> Sign language interpreter for oral instructions ONLY <input type="checkbox"/> Assistive Technology (documentation required) <input type="checkbox"/> other (contact SSD Coordinator)
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Is the student consistently using this accommodation for school tests ?

Yes

No