

**The College Board**  
**Services for Students with Disabilities**  
**Requests for Support for Students with Temporary Physical/Medical Conditions**

WHO SHOULD USE THIS FORM?

**This form should be used only to request testing accommodations for students with *temporary* impairments (caused by injury, accident, etc.) who cannot postpone their tests.**

- Students seeking testing accommodations for impairments that are not temporary must use SSD Online or complete the College Board's Student Eligibility Form to receive approval for testing accommodations.
- For students taking AP Exams, if the temporary impairment will be resolved by the late testing dates, the AP Coordinator should not seek temporary accommodations. Instead, go to [www.collegeboard.com/school](http://www.collegeboard.com/school) and order an alternate exam for the student (note ordering deadlines). In such cases, there is no additional charge for late testing.
- Temporary accommodations on the SAT are available only to seniors.

**If a student uses extended testing time or any other testing accommodation without first receiving written authorization from the College Board's SSD office, that student's test score(s) will not be reported.**

DIRECTIONS FOR SSD COORDINATOR (or other appropriate school official):

- 1) Complete Part I of this form. You will need information from the student's doctor or teachers to complete questions 5 and 6.
- 2) Give the student a copy of the form. The student must obtain written confirmation from his/her doctor regarding the needed accommodations. Remind the student that the doctor must provide information pertaining to all four items in Part III, and that the student and parent or guardian must sign Item II. The student should return the signed form and documentation to you.
- 3) Collect a completed Teacher's Survey form from each of the AP teachers in whose subject the student is taking an AP Exam. (Teachers may respond on a separate sheet as long as it contains all of the information requested in Part IV, including the student's name.) For SAT, include a Teacher's Survey from the student's core teachers.
- 4) Fax pages 2 and 3 of the completed request form along with any attachments, to (973) 735-1900
- 5) If you are unable to fax, make copies of the completed request form and any attachments for your files and send the original documents via overnight delivery to:

College Board Services for Students with Disabilities - Temporary Accommodations  
Educational Testing Service  
1425 Lower Ferry Road  
Ewing, NJ 08618

TIME FRAME:

This material is to be faxed or mailed to College Board as soon as the temporary impairment has occurred and been medically verified. The College Board will process temporary accommodation forms in an expedited fashion. However, an appropriate review and determination cannot occur instantaneously. Individuals who incur or provide information regarding impairments shortly before a scheduled College Board test should be prepared to be informed that there was insufficient time to make a determination on their request. Coordinators (or relevant school official) will receive a reply from the College Board as soon as possible by email or fax.

School Code _____
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## AP Temporary Accommodation Request Form

**PART I — Basic Information to be completed by the school. Please print.**

Student's Name: _____ Birth Date: _____
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- 1) Student's Expected Date of Graduation (Month/Year): \_\_\_\_\_
- 2) School Code: \_\_\_\_\_
- 3) School Name, City, State: \_\_\_\_\_
- 4) Specific tests(s) and date(s) for which the student will need accommodations. (If SAT Subject Tests or AP, indicate the subject)

<u>Exam Title</u>	<u>Exam Date</u>	<u>Exam Title</u>	<u>Exam Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

- 5) Specific accommodation(s) requested: \_\_\_\_\_
- 6) Brief description of disability, including date of onset: \_\_\_\_\_
- 7) Name and contact information of School Official completing this request:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Please specify the best way to contact you: Telephone Fax E-mail  
Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**PART II — Student and Parent/Guardian Signature. Agreement below must be signed by the student and parent/guardian before the request can be processed.**

I agree to give the College Board permission to request the documentation supporting the need for testing accommodations, as well as communicate directly with the school and/or physician about my temporary disability and needs.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If student is under 18)

## AP Temporary Accommodation Request Form

PART III — Doctor's Confirmation (must be returned to school official by \_\_\_\_\_)  
(date)

Attach a letter from the doctor that responds to all of the statements below. (This request for accommodations cannot be considered unless items 1 through 7 have been addressed.)

- 1) Description of injury and degree of impairment.
- 2) Date of injury/onset of condition.
- 3) Expected date of recovery.
- 4) If the student is in a cast or restraining device, indicate the area covered (a picture can be substituted).
- 5) If the cast involves the hand, indicate the degree of movement that is possible with the hands and fingers.
- 6) If the student is in a cast or restraining device, what is the anticipated date of removal of the cast/device?
- 7) If a hand or arm is affected, is this the dominant hand/arm (i.e., the one with which the student customarily writes)?

The doctor's confirmation must clearly indicate the doctor's name, specialty, address, and phone number and must be signed and dated by the doctor.

The College Board  
Services for Students with Disabilities  
Teacher Survey Form



Student's Name \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject/ Class: \_\_\_\_\_

**To the teacher:** The above student has requested testing accommodations for College Board tests. Your detailed input regarding his/her needs on classroom tests is valuable in our decision-making process. Please return the form to \_\_\_\_\_, who will forward it to the College Board.

1. How long has the student been in your class?
  
2. **OBSERVATION:** Please briefly describe **your** observations of the student's disability and its impact during **your** class. Where possible provide some specific examples. Please include the frequency and severity of symptoms during class.
  
3. **ACCOMMODATIONS:** What specific accommodations are used by the student during classroom testing? Please indicate which of these accommodations are used on a consistent basis.
  
4. **EXTENDED TIME:** If the student is provided extended time for classroom tests, how much additional time does he/she generally **use** (e.g., 50%) to complete the each of the following question types:
  - a. \_\_\_\_\_ Multiple-choice test items
  - b. \_\_\_\_\_ Other question types (e.g., short answer, essay, or math problems)?  
(Please indicate the amount of time used for each applicable question type).
  
5. **IMPACT:** Please describe the impact of the accommodations provided on the student's performance. Does the student use the accommodations effectively? How does it change his/ her performance on tests? What happens if accommodations are not provided?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions/information, please contact the College Board at (609) 771-7137.**