

Student Eligibility Form

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| 1 NAME (REQ'D FIELD) Enter your legal name, including hyphens, apostrophes and spaces. Omit suffixes such as Jr. or III. LAST NAME (Family Name) - first 15 letters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIRST NAME - first 12 letters <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M.I. <input type="text"/> | 2 DATE OF BIRTH (REQ'D FIELD) Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 3 SEX (REQ'D FIELD) Female <input type="radio"/> Male <input type="radio"/> |
| 4 MAILING ADDRESS (REQ'D FIELD) Line 1 (Street address or P.O. Box) <input type="text"/> Line 2 (Apartment number if applicable) <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> Home Telephone (<input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> | 5 POSTAL CODE (Outside U.S. only) <input type="text"/> <input type="radio"/> If your mailing address is outside the U.S. and you have a postal code, fill in this oval and print your code in the space above. | 6 COUNTRY CODE (Outside U.S., U.S. territories, and Puerto Rico only) <input type="text"/> <input type="text"/> Fill in the country code from the list in the "SAT Paper Registration Guide" available in your guidance office or online at www.collegeboard.org (go to SAT registration section). |
| 7 SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 9 COLLEGE BOARD HIGH SCHOOL CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Find your school code online at sat.collegeboard.org or ask your school counselor. Entering a HS code authorizes us to send a score report to your school. Students schooled at home: enter 970000. Enter 935000 if no longer in school. | 10 EXPECTED HIGH SCHOOL GRADUATION DATE Month Year <input type="text"/> <input type="text"/> |
| 8 SCHOOL YOU ATTEND School Name: <input type="text"/> Street Address: (Not P.O. Box) <input type="text"/> City: <input type="text"/> State: <input type="text"/> | 11 DATE OF NEXT INTENDED COLLEGE BOARD TEST <input type="radio"/> PSAT/NMSQT <input type="radio"/> AP <input type="radio"/> SAT or SAT Subject Month Year <input type="text"/> <input type="text"/> | |
| 12 STUDENT AGREEMENT: I have read the College Board's "Instructions for Completing the Student Eligibility Form" and wish to apply for testing accommodations on College Board tests based on disability. When sections of the form are completed and signed by an official of the school identified in section 17 of the form, I authorize the 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 these Instructions and in the student bulletins for the SAT, AP®, and PSAT/NMSQT Programs. I attest that all information I have provided on this form is true and accurate. | | |
| Student's Signature: <input type="text"/> Parent/Guardian's Signature: <input type="text"/> Parent/Guardian's Name: <input type="text"/> | | |

13 REQUESTED ACCOMMODATIONS Indicate the accommodations that are being requested for the College Board tests below. Do not list accommodations that are not needed for College Board tests, even if included in the IEP or 504 Plan. For assistance in filling out this section, and for additional information regarding specific accommodations, refer to the guidance and definitions provided in the "Instructions for Completing the Student Eligibility Form," or online at www.collegeboard.org/ssd.

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| 1. Extended Time Indicate the amount of extended time requested for each test or section type. If requesting more extended time than currently provided and used in school, you must indicate this. If you are not requesting extended time for a particular test type, leave that section blank. | 2. Breaks Break time does not count toward testing time (clock is "stopped"). If a configuration not listed below is required, complete item 6, "Other Assistance." |
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|--|------------------------|-------------------------|-----------------------|--|
| | +50% (Time and 1/2) | +100%* (Double-time) | Greater than +100%* | |
| a. Reading | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Time needed: + <input type="text"/> <input type="text"/> % |
| b. Written language expression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Time needed: + <input type="text"/> <input type="text"/> % |
| c. Mathematical calculations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Time needed: + <input type="text"/> <input type="text"/> % |
| d. Listening (Foreign language and music tests only) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Time needed: + <input type="text"/> <input type="text"/> % |
| e. Speaking (Foreign language tests only) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Time needed: + <input type="text"/> <input type="text"/> % |

3. Visual Assistance If a required format is not listed below, complete item 6, "Other Assistance."
 Large print test book (14 point) Braille test (text, graphs, figures)* Magnifier Braille Writer*
 Large print test book (20 point)* Magnifying machine* Enlarged (large-block) answer sheet (no "bubbles"/not scanned)

4. Auditory Assistance (Do not choose both Reader and Cassette) Reader* Cassette Test* Braille graphs and figures (can be used with Reader or Cassette)*

5. Manual Assistance (Do not choose both a computer and a writer/scribe)
 Computer (word processor) for essays* (Note: Spell-check/grammar check are disabled)
 Enlarged (large-block) answer sheet (no "bubbles"/not scanned) Writer/scribe to record dictated responses*

6. Other Assistance
 Small group testing Permission for medication/food/drinks during test
 Preferential seating (Specify:) Written copy of oral instructions
 Other (Specify:)

* Accommodation requires School Testing for SAT tests. National Test Centers do not offer these accommodations.

14 ACCOMMODATIONS REQUESTED IN SECTION 13 PROVIDED AND USED ON SCHOOL TESTS (Must be completed)

- All accommodations requested in section 13 have been provided and used on school tests for the past four school months and are included on the current IEP, 504 Plan or Formal Written Plan/Program.
- Some or all accommodations requested in section 13 have NOT been provided and used on school tests for the past four school months or are not included on the current IEP, 504 Plan or Formal Written Plan/Program. In the box below, list the accommodations that are being requested that have not been provided, used, or included in a school plan.

15 DISABILITY

What is the diagnosed disability? (Note all that apply)

- LD (e.g., dyslexia, visual/auditory/language processing)
- ADHD
- Hearing
- Autism (Not Asperger's)
- Visual (specify):
- Visual acuity:
(Measurements are: With correction Without correction)
- Visual Field:
- Physical (specify):
- Other impairment (specify):
(If this is the only disability)

16 DOCUMENTATION

1. Formal Education Plan/Program Verification

a. Indicate the current school-generated formal education plan/program that is approved. (To be current, the plan/program must be valid for the current school year.)

- Current IEP
- Current 504 Plan
- Current Formal Written Plan/Program
- No current formal plan is in place
- Student has been declassified

b. What is the date the FIRST plan/program was approved (even if created at another school)? (If there is no formal plan or the date is unknown, see "Instructions for Completing the Student Eligibility Form.")

| | |
|-------|------|
| Month | Year |
| | |

c. Indicate whether the date entered in response to 1.b. (date of first school plan) was more than 4 school months ago or less than 4 school months ago.

- More than 4 school months ago
- Less than 4 school months ago

2. Evaluation Testing Verification

Additional assistance and references are provided in the "Instructions for Completing the Student Eligibility Form," or online at www.collegeboard.org/ssd.

a. 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
- Does not apply (only for certain physical/visual conditions): see instructions

If yes, indicate date of most recent evaluation (write in mm/dd/yy)

Examiner's name and title

Area of certification/license

Date of evaluation

b. Indicate the most recent standardized tests used to document the existence of the disability and the need for accommodation/s.

(See "Instructions for Completing the Student Eligibility Form" for examples.)

Cognitive Ability Test (Test Name:)

Academic Achievement Test (Test Name:)

- Documentation includes results from BOTH a cognitive ability and academic achievement test noted above.
- Documentation does not include results from BOTH a cognitive ability and academic achievement test noted above.
- Does not apply (only for certain physical/visual conditions). See "Instructions for Completing the Student Eligibility Form."

17 CONFIRMING INFORMATION AND SIGNATURE

PARENTS: LEAVE THIS SECTION BLANK.

SCHOOLS: If form is submitted by school, this section must be completed by school's SSD coordinator or official school representative.

I verify that I have read the "Instructions for Completing the Student Eligibility Form" and that the accommodations requested above, unless otherwise indicated in section 14, are provided and used on school-based tests, and that all the information provided is true and accurate.

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| 6-digit High School Code |
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Name: (Please print.)

Title:

Phone: Fax:

Email:

Signature:

Date:

