



Thomas Jefferson High School for Science and Technology ACT Accommodations Request Form

The information from this application form will be utilized to electronically file your request to the ACT by TJHSST's Services for Students with Disabilities (SSD) Coordinator. While the SSD Coordinator is available to help facilitate this process, student/parents are ultimately responsible for completing the packet in a timely manner. It will **require up to 3 weeks** to electronically submit your application so plan accordingly. Please know that TJHSST forwards information to the appropriate organization and does not take part in the decision process. The presence of an IEP/504 Plan does not constitute an automatic approval.

Step 1. I have read and understand the information above and believe my student is eligible.
Please review basic criteria for [ACT](#) eligibility. _____ (initial)

Step 2. Complete this cover page and turn in on top of all materials.

I am applying for: ACT Date you plan to take the ACT: _____

I have a(n) (check one): IEP 504 Plan

PLEASE PRINT CLEARLY AND CAREFULLY – Blanks or partially filled out sections will delay processing

Student's Name (first, Middle, Last): _____ Student ID: _____

Home Address (Street, City, State, Zip): _____ Grade: _____

Parent Contact Number: _____ Date of Birth: _____

Expected Graduation Year: _____ Parent Contact Email: _____

Date of 1st IEP/504: _____ Date of Current IEP/504: _____

Please Check One: New Request Request for Additional Accommodations

Does your IEP/504 allow for extended time? NO YES → 50% 100% Multiple Days

Is this request for a medical condition? NO YES

Specific Medical Condition and Date of initial diagnosis (if applicable): _____

Accommodation(s) Requested for ACT: _____

Step 3. Print, complete, sign and attach appropriate consent form: [Consent to Release Information to ACT](#)

Step 4. Provide all documentation requested by the [ACT](#). Please include the following items to speed up processing of your application EVEN if the school has them on file;

A copy of the most recent IEP/504/Educational Plan

A copy of the most recent Physician, Psychological and if applicable, educational testing reports.

Step 5. Return all materials (cover sheet, consent form and documentation) to the SSD Coordinator

Lisa Broadhead – LKBroadhead@fcps.edu

Step 6. Register your student on the ACT website.

****Once your child is registered for the ACT and documentation is returned to the appropriate person, the coordinator will process your request. Updates and additional requests from the ACT will be sent to you as they are received.****