



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.

Student Identifying Information

Name (Last, First, M.I.): _____

Date of Birth: _____ Gender: _____ Graduation date (Month/Year): _____

Email Address: _____ Student ID _____

504 or SPED (Circle one) & Date began services: _____ Testing Date: _____

Mailing Address: _____

Home Telephone: (_____) _____

Accommodations:

Students should only request accommodations that are currently being used for exams.

1. Extended Time (50% - Time and ½)

- ☐ Reading ☐ Written language expression ☐ Mathematical calculations
☐ Listening (AP foreign language and music tests only) ☐ Speaking (AP foreign language and music tests only)

2. Breaks (Break time does not count toward testing time clock is "stopped")

- ☐ Breaks as needed for medical need (for medication or to check blood sugar)

3. Reading/Seeing Text Assistance

- ☐ Large Print (14 point) ☐ Braille test (text, graphs, figures) ☐ Magnifier Machine
☐ Magnifier ☐ Reader

4. Recording Answers (Only choose one)

- ☐ Enlarged (large-block) answer sheet (no "bubbles"/not scanned)
☐ Computer (word processor for essays; Note: Spell-check/grammar check are disabled)
☐ Record answers in test booklet (scribe)

5. Other

- ☐ Small group testing ☐ Other: _____
☐ Permission for medication/food/drinks during test

Disability:

What is the diagnosed disability?

- ☐ ADHD ☐ Learning Disorder (dyslexia, visual/auditory/language processing)
☐ Hearing ☐ Autism Spectrum Disorder
☐ Psychiatric ☐ Intellectual Disability
☐ Communication Disorder ☐ Physical (specify) _____
☐ Other _____