For parents and students to directly request accommodations on College Board Tests based on Disability (SAT®, SAT Subject TestsTM, Advanced Placement Program® Exams, PSAT/NMSQT®, PSAT10). All requests must be accompanied by documentation. Do not staple anything to this form. Mail or fax the completed form to the College Board. Refer to the Instructions for Completing the Student Eligibility Form for additional information.

\bigcirc CollegeBoard. Student Eligibility Form revised 2018

1 NAME (REQUIRED)	2 DATE OF BIRTH 3 SEX (REQUIRED)			
Enter your legal name, including hyphens, apostrophes and spaces. Omit suffixes such as Jr. or III.	Month Day Year Female Male			
LAST NAME (Family Name) - first 15 letters FIRST NAME - first 12 letters ML				
	POCEAL CODE (S. 111 II S. 11)			
MAILING ADDRESS (REQUIRED)	POSTAL CODE (Outside U.S. only)			
MAILING ADDRESS (REQUIRED)				
	COUNTRY CODE			
Line 1 (Street address or P.O. Box)	(Outside U.S., U.S. territories, and Puerto Rico only)			
	Fill in the country code from the list in the SAT Student Registration Booklet available in your guidance office or			
Line 2 (Apartment number if applicable)	online at collegeboard.org (go to SAT registration section).			
	COLLEGE BOARD HIGH SCHOOL			
City	CODE			
	Find your school code online at <u>collegeboard.org/sat-codes</u> or ask your school counselor. Entering a HS code			
	codes 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. If you don't have a high school code, enter 000003 (in the U.S. or U.S. territories) or			
State ZIP Code Home Telephone	000004 (in international locations).			
SCHOOL YOU ATTEND	EXPECTED Month Year HIGH SCHOOL			
School Name:	GRADUATION DATE			
	DATE OF NEXT INTENDED			
Street Address: (Not P.O. Box)	COLLEGE BOARD TEST			
	U PSAT/NMSQT or PSAT 10 Month Year U AP			
City: State:	U SAT or SAT Subject			
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 16 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 permission to receive and review my records, and to discuss my disability and needs with school personnel and other professiona the student bulletins for the SAT, AP®, PSAT/NMSQT and PSAT 10 Programs. I attest that all information I have provided on this for	ls. I agree to the conditions set forth in these Instructions and in			
	arent/Guardian's Name:			
12 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 a refer to the guidance and definitions provided in the "Instructions for Completing the Student Eligibility Form," or online at				
1. Extended Time	2. Breaks			
Indicate the amount of extended time requested for each test or section type. If you are not requesting extended #50% +100%* Greater than +100%* (clock is "stopped"). If a configuration no				
time for a particular test type, leave that section blank. +50% +100%* Greater than +100%* (Time and 1/2) (Double-time)	listed below is required, complete item 5, "Other Assistance."			
a. Reading Time needed: +	% U Extra Breaks (additional breaks are			
b. Written language expression Time needed: +	% scheduled between each section)			
c. Mathematical calculations Time needed: +	% 0 Extended Breaks (twice the length of standard breaks)			
d. Listening (Foreign language and music tests only) Time needed: +	% Breaks as Needed*			
e. Speaking (Foreign language tests only) Time needed: +	%			
3. Reading/Seeing Text Assistance If a required format is not listed below, complete item 5, "Other Assistance." O Large print test book (14 point) O Braille test (text, graphs, figures)* Magnifier	Droillo Writer *			
Large print test book (20 point)* Magnifying machine* Enlarged (large-bloc	Braille Writer * k) answer sheet (no "bubbles"/not scanned)			
	y Compatible Test Form*			
O Braille graphs and figures (can be used with Reader or MP3 Audio)* 4. Recording Answers (Do not choose both a computer and a writer/scribe)				
O Computer (word processor) for essays* (Note: Spell-check/grammar check are disabled)				
O Enlarged (large-block) answer sheet (no "bubbles"/not scanned) Writer/scribe to record dicta	ated responses*			
5. Other Assistance	for addation to advantage to a			
O Small group testing Permission for medication/ Preferential seating (Specify: O Preferential seating (Specify: O Preferential seating (Specify:	•			
O Other (Specify:)			
* Accommodation requires School Testing for SAT tests. National Test Centers do not offer these accommodations.	,			

ACCOMMODATIONS REQUESTED IN SECTION 12 PROVIDED AND USED ON SCHOOL TESTS				
Written Plan/Program.	·	school tests and are included on the current IEP, 504		
		ed on school tests or are not included on the current li ations that are being requested that have not be		
DISABILITY What is the diagno	osed disability? (Note all that apply)			
Learning Disorder (e.g., dyslexi	ia, visual/ Visual (specify):	Visual (specify):		
auditory/language processing)	Visual acuity:			
ADHD	(Measurements are: Wit	n correction Without correction)		
Hearing	Visual Field:			
Autism Spectrum Disorder	Physical (specify):	Physical (specify):		
Intellectual Disability	Other impairment (specify):			
Psychiatric	(If this is the only disability)			
Communication Disorder				
DOCUMENTATION 1. Formal Education Plan/Program	1			
a. Indicate the current school-g	generated formal education plan/program that for the current school year.)	t is approved. (To be current, the		
Current IEP	No current f	ormal plan is in place		
Current 504 Plan		been declassified		
Current Formal Writter	n Plan/Program Student is h	omeschooled Month Year		
-	an/program was approved (even if created at an the date is unknown, see "Instructions for Comp	other school)?		
2. Evaluation Testing				
a. Additional assistance and references are provided in the "Instructions for Completing the Student Eligibility Form," or online at collegeboard.org/ssd.				
Examiner's name and title				
	Area of certification/license	Date of evaluation	1	
b. If applicable, 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 N	Name:)	
Academic Achievement Tes	st (Test Name:)	
CONTENT ON TO DIFFORM A T	EVAN AND CLONIA WITHE DADENIES			
AND HOMESCHOOLS: LEAV			6-digit High School Code	
or official school representativ				
I verify that unless otherwise indica school has documentation on file th	ted in my responses above: (1) the accommod at meets the College Board Guidelines for Doc	ations requested above are provided and used on sumentation; and (3) all information provided above is	chool-based tests; (2) the true and accurate.	
Name: (Please print)		Title:		
Phone:	Fax:	Email:		
Signature:		Date:		

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