## La Costa Canyon High School

## **Request for Testing Accommodations**

It is very important that you submit accommodation requests within the deadlines listed below. Because the review process is quite thorough, it takes approximately four to seven weeks to review a request. Begin the process early.

What is the next test the student is plan	ning on taki	ng:		
PSAT/NMSQT (Oct. each year)	SA	ΛT	APACT	Test date:
Student Eligibility Information				
Last Name, First Name			Date of Birth	Social Security Number
Address	City	State	Zip code	Phone
Parent/Guardian Name/s			Email Address	
<b>Disability Information</b>				
What is the diagnosed disability? Whe	n was it first	diagnose	ed?	Month/Year
Learning Disabled (please specify)				
Visual (please specify)				
Visual Acuity			with correcti	on w/out correction
Visual Field				
ADHD (specify type) Ina	ttentive	With	1 Hyperactivity	Combined
Hearing				
Autism				
Physical (please specify)				
Other Impairment (please specify)				
No diagnosed disability (include de	ocumentatio	n for revi	ew- guidelines available	on SAT and/or ACT website)
Please attach the following document	ts (if applica	ıble):		
Current IEP or 504 Plan				
Last IEP or 504 Plan, if exited from	m services			
Most recent psycho-educational ev	aluation rep	ort compl	eted by school district	
Any private psychological assessm	ent/evaluation	on reports	S	
Most recent vision testing (for visu	ıal impairme	ent) N	Most recent audiological	testing (for hearing impairment)
Most recent medical report/diagno	sis (for ADF	ID, medic	cal or physical impairme	nt)
Any other relevant documentation	supporting a	need for	accommodations	

Please list accommodation/s the student is currently receiving that he/she is requesting to receive on standardized testing?				
	Con	sent Form to Request Accommodations		
Student's Name: Student's Date of Birth:		School:		
Tests and/or ACT tests) du records that document the information in the school's eligibility for testing accommodation needs wit receive and review my records.	e to disability. I are existence of my so custody that the namodations on Coards, and to discut forth in the stud	s) on College Board tests (SAT, PSAT/NMSQT, and/or Advanced Placement uthorize my school: to release to the College Board and/or ACT copies of my disability and need for testing accommodations; to release any other college Board and/or ACT requests for the purpose of determining my ollege Board and/or ACT tests; and to discuss my disability and and and/or ACT. I also grant the College Board and/or ACT permission to uss my disability and needs with school personnel and other professionals. I lent bulletins for the SAT, AP®, and PSAT/NMSQT and/or ACT Programs		
 Student's Signature	 Date			
Parent /Guardian's Signatu (Required if Student is und				
•		tion to the Counseling Office, attention Randa Fast-Medley, SSD Coordinator <u>dley@sduhsd.net</u> – requests typically take 4 to 8 weeks to be reviewed.		
Further guidelines regardin	ng <u>deadlines</u> , accon	nmodations and required documentation can be found at:		
http://student.collegeboard.	org/services-for-st	tudents-with-disabilities for SAT/PSAT/AP information		
http://www.actstudent.org/r	regist/disab/ for A	CT (specific forms are required to be completed and mailed)		