

ACT School Day (March 2024) Accommodations Notification

Good morning/afternoon,

Saint Augustine High School will be offering the junior ACT College Reportable school day March 26th, 2024. Students registered as an 11th grader in HAC will automatically be registered at no cost.

Students with a disability may be eligible for testing accommodations for the ACT exams.

Your child's IEP or 504 Plan does not guarantee approval of accommodations for these college entrance exams. The final decision is up to ACT.

To request accommodations for your student, parental consent is required. Parents must complete the consent form below and students must turn in this consent form to their guidance counselor or the SAHS Testing Coordinator. The documentation allows for the school to release all documentation related to the existence of the student's disability and the need for accommodations.

Please use the attached form to begin the process of requesting accommodations, or see Ms. Jasper in the Media Center.

For the March 2024 ACT School Day, all consent forms for ACT accommodations must be submitted by December 15th to the student's school counselor or the testing coordinator.

Any consent forms submitted after the December 15th deadline will not be guaranteed approval from ACT for the 2024 March Junior ACT school day testing administration. As a reminder, ACT makes all final decisions on testing accommodations.

If you have existing ACT accommodations, you can view what your student is approved for in their ACT account. If you would like to make any changes, your student will need to re-submit the consent form to their counselor and make an appointment with their counselor to apply any changes to the accommodations.

Once the consent form is received, we will start the application process. For additional information about accommodations on the ACT, visit the ACT website, <https://www.act.org/content/act/en-florida.html>, or call them at 877-789-2925.

Thank you for attention to this matter.
Kristin Jasper, Testing Coordinator
SAHS, Kristin.Jasper@stjohns.k12.fl.us



**CONSENT TO RELEASE INFORMATION TO ACT
Examinee TAA Information**



Print the examinee's first and last name.

Examinee First Name

Examinee Last Name

Parent/Guardian/Student Consent

I authorize the release of documents or other information related to requesting accommodations or English learner (EL) supports to ACT by school officials, physicians, or other having such information, as requested by ACT. I understand that any documentation or information provided to ACT will remain with the records related to the request and will not become part of the examinee's permanent score record. If this request for accommodations or EL supports is not approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations or EL supports.

Parent/Legal Guardian or Student (if over the age of 18) signature

Date

Telephone Consent (instead of the above consent)

I verify that I have spoken to the examinee's parent or legal guardian by telephone and obtained their permission to release information to ACT specifically as described above.

School Official (signature)

Date