



Services for Students with Disabilities

Consent Form for Accommodations Request

Student Information

Student Name: _____

Deerfield High School

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.

DEMOGRAPHIC INFORMATION:

Student Name: _____

Date of Birth: ____/____/____ Graduation Year: _____

Email preferred for communication from College Board: _____

Home Address: _____ City: _____

Home Phone: _____

IEP/504 RELATED INFORMATION:

Case Manager (IEP) OR Counselor (504): _____

Specific Disability(ies) as listed on the IEP or 504 Plan (If SLD, please list what specific content areas):
_____) _____

Is there additional documentation that you would like to include in the request from private providers (private evaluation, letters from medical doctor, psychiatrist, therapist, etc.)?: Yes No

Please provide the evaluator's name, title, date of evaluation, and date of last appointment:

When was the first school plan (IEP or 504) put into place? (Provide best estimate if unsure)

Month: _____ Year: _____

Date of MOST RECENT EVALUATION (or Initial Evaluation): _____

Please indicate (CIRCLE) the next College Board test the student plans to take: **SAT AP PSAT**

Please indicate when you plan to take this test: Month: _____ Year: _____

ACCOMMODATIONS REQUESTED:

Please list the accommodations that you are requesting (should be listed on student's IEP, 504, or supported by additional documentation) and want to request for College Board exams.

If an accommodation is listed below that IS NOT on the student's IEP/504, please make a note stating this.

1. _____

2. _____

3. _____

4. _____

When this form is complete, please bring it to:

Amanda Brenner, Special Education Department Chair, E125, abrenner@dist113.org

OR

Suzanne Nice, 504 Coordinator, Counseling Department, snice@dist113.org