

May 11, 2023

Dear Parents,

We are in the process of preparing to apply for accommodations for our students with special needs. Attached/included are several key documents. Some may not apply to your child and may be discarded, however, please be certain of what your child will need to be successful on standardized, college prep testing. Please return these forms ASAP. We are under tight deadlines for the PSAT for next school year. Note, we will accept late/ongoing applications but cannot guarantee the accommodations will be reviewed/approved with late applications. For SAT and ACT national/weekend testing, please apply 7 or more weeks in advance of desired test dates.

MCHS/CMS cannot guarantee approval of accommodations by ACT or College Board. We will make all efforts to support these requests but must follow testing guidelines. In some cases, we can only provide what is approved (CB tests). In other cases, we must provide what is on the IEP/504 plan. Use of unapproved accommodations may lead to unreportable scores. Documentation will be forthcoming regularly to detail your child's accommodation status. Please make sure to reply/respond in a timely fashion.

Attachments:

COLLEGE BOARD TESTS

College Board Letter (primarily 9th/10th graders)

PSAT 10th/11th graders SAT any (mainly 11/12th graders)

AP Tests any (based on enrollment in AP classes)

College Board Accommodation Request Form (info required to process request)

College Board Parental Consent Form (ONE TIME REQUEST FOR ANY CB TEST)

ACT

ACT Accommodation Parent Letter (note the items at the bottom)

ACT 11th (free at school); 11th-12th graders PLAN 10th (no form req'd as long as accommodations are on plan)

ACT Accommodation Notice w/options

ACT Consent to release info to ACT Form

ACT Request for ACT Approved Accommodations Form (info required to process request)

CCRAA/EXTEND 1 Exams

CCRAA Parent Letter (~~ONLY APPLIES TO OES and AUS/IN contained students~~)

CCRAA 10th and 11th graders

CCRAA Parental Request Form

no longer need form. Ensure CCRAA/X1 IS ON IEP.

Please feel free to contact your child's case manager with any questions. Forms can be returned to the case manager or Miss Kelleher in testing.

Request for College Board Accommodations

Directions: Please submit all documentation 8 weeks prior to your scheduled SAT/AP assessment.

Student Information

Full Name: _____ Student ID: _____
 Gender: _____ Social Security Number: not required Date of Birth: _____
 Mailing Address: _____
 Home Phone: _____ Email: _____
 Expected High School Graduation Date: _____ Date of Next College Board Test: _____ Test: _____

Disability

- Learning Disability/Specify Disorder: _____
- AD/HD/Specify Type: _____
- Autism Spectrum Disorders/Specify Type: _____
- Hearing/ Specify Type: _____
- Visual/ Specify Type: _____
- Physical/Medical/Specify Type: _____
- Psychiatric/Specify Type: _____
- Speech/Language/Specify Type: _____
- Other Disability Not Specified: _____

Requested Accommodations

- Extended Time**— Indicate the amount of time requested for each test or section type.

50% is typical. Students get additional Ex. Time if approved for Audio/Read Aloud options

Test/Section Type	* + 50% * (Time and ½)	+ 100% (Double-time)	Greater than 100% (Time Needed + ____ %)
Reading			
Written Language Expression			
Mathematical Calculation			
Listening (Foreign Language & Music)			
Speaking (Foreign Language)			

- Breaks**—Break time does not count toward testing time (clock is "stopped").
 - Extra Breaks (between Each section)
 - Extended Breaks (twice the length of standard breaks)
- Visual Assistance**
 - Large Print Test Book (14 point)
 - Large Print Test Book (20 point)
 - Braille Test (text, graphs, figures)*
 - Magnifying Machine*
 - Magnifier
 - Braille Writer*
 - Enlarged (large-block) answer sheet (no "bubbles"/not scanned)
- Auditory Assistance** (Do not choose both reader and Cassette)
 - Reader*
 - Cassette Test*
 - Braille Graphs & figures (can be used with reader or cassette)
- Manual Assistance**
 - Computer (word processor) for essays* (Note: Spell-check/grammar check disabled)
 - Enlarged (Large-Block) answer sheet (no "bubbles"/not scanned)*
 - Writer/scribe to record dictated responses*
- Other Assistance**
 - Small Group Testing
 - Written copy of oral instructions
 - Preferential Seating/Specify: _____
 - Permission for medication/food/drinks during test
 - Other/ Specify: _____

*Accommodation requires School Testing for SAT tests. National Test Centers do not offer these accommodations.

Please use IEP/504/Plan for guidance on requests above

Accommodations Requested Provided & Used on School Tests

- All accommodations requested in Above Section have been provided & used on school tests for the past 4 school months and included on the current IEP, 504 Plan or Formal Written Plan/Program.
- Some or all accommodations requested in Above Section have NOT been provided and used on school tests for the past four months or are not included on the current IEP, 504 Plan, or Formal Written Plan/Program. List the accommodations that are being requested but not provided for currently: _____

Documentation

1. **Formal Education Plan/Program Verification**
 - a. Indicate current school-generated plan/program that is approved: _____
 - b. What is the date the FIRST plan/program was approved (even if created at another school)? _____
2. **Evaluation Testing Verification**
 - a. Is the testing to support the need for accommodation/s current? (Note: For academic testing, within 5 years; for psychiatric disabilities, within 1 year; for visual, within 2 years; for physical/medical, within 1 year from time of request)
 Yes No Does Not Apply (certain physical/visual conditions)
 - b. Indicate the most recent standardized tests used to document the existence of the disability & need for accommodations.
 - i. Cognitive Ability Test Name: _____
 - ii. Academic Achievement Test Name: _____

For School Use - School Counselor/Case Manager

1. Counselor/Case Manager Name: _____
2. Is Consent Form Signed and attached? Yes No
3. Is Learning disability correctly identified & specific? Yes No
4. Do accommodations match IEP or 504 Plan? Yes No
5. Is IEP or 504 Plan current & attached? Yes No
6. Is most recent testing documentation attached (can be Easy IEP print screen)? Yes No

For School Use - SSD Coordinator

Date Received: _____ Date Submitted to College Board: _____

Is any further documentation required? Specify _____

Attach verification form.

Verdict/Decision: _____

Signature, SSD Coordinator

Date

Amy Kelleher
School Testing Coordinator
Mallard Creek High School
3825 Johnston Oehler Rd
Charlotte, NC 28269

May 13, 2023

PSAT - gr 10/11th
SAT - any - usually
11/12th
AP - any
ACT - 11th/12th
CCRAA - 10/11th
(OLS/AUSE only)

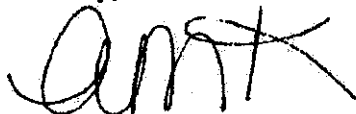
Dear Parent(s):

I am writing to let you know that as of today, your child may not been approved and/or may not have applied for College Board Accommodations. College Board approves accommodations one time (unless changes are needed). CB allows the use of approved accommodations on all tests they administer (SAT, PSAT, NQMST, and AP tests). Should you feel you have already applied/been approved, please disregard this notice. We are doing our best to ensure that ALL students with special needs have applied for needed supports.

I wanted to inquire as to whether you would like me to submit the information/request on your child's behalf for upcoming testing. For AP tests, I need the signed document back by no later than 1/31/24 in order to be able to process the needed paperwork. For PSAT testing in the Fall of 2024 I need the signed request back no later than 8/16/23. The applications for the Fall PSAT are due within the first week of school when things are hectic. We want to ensure your child has the best chance of getting these supports. Please apply early. The latest we can apply for these accommodations, which requires processing time, is 8/22/23, which is prior to students' arrival for the school year.

Please feel free to contact me at amy.kelleher@cms.k12.nc.us with any questions or concerns.

Sincerely,



Amy Kelleher
School Testing Coordinator/IAF



Services for Students with Disabilities

Covers PSAT
SAT
AP Tests

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, 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. I agree to the conditions set forth in the student bulletins for the SAT, AP, and PSAT/NMSQT Programs relating to accommodations for disabilities.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Parent/guardian signature is required if Student is under 18.)

Instructions to the School

This form must 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.

11th

May 10, 2023

Dear Parents/Guardians,

Mallard Creek will be administering the ACT to all 11th grade students in ~~March of 2023~~ ^{Feb 2024}. As part of this administration we are offering you and your student the opportunity to apply for accommodations. There are three different options for you and your student to discuss and choose from. Please review the options below, and choose the option that is most appropriate for your child.

____ OPTION 1: Student will take the ACT with no accommodations, and will receive a score that can be reported to colleges.

____ OPTION 2: MCHS staff will apply for the student to take the ACT with ACT-approved accommodations, based upon the accommodations documented in the student's IEP, 504, or ELL Plan. If the accommodations request is approved by ACT, then the student will receive scores that are reportable to college. If the accommodations request is NOT approved by ACT, then you and your student will have the choice of Option 1 or 3.

Please indicate below your second choice should ACT not approve the student's application for accommodations. Option 1: _____ Option 3: _____

____ OPTION 3: Student will take the ACT with State-Allowed accommodations (accommodations that are in the student's IEP, 504 or ELL Plan that were not approved by ACT), and will receive scores that are NOT able to be reported to colleges.

Select one

Please indicate above which option (1, 2, or 3) you feel is the most appropriate for your child, sign this letter AND the pink ACT "Consent to Release Information" permission slip, and return both to Amy Kelleher, Testing Coordinator, by Wednesday, November 14, 2023 ^{11/14/23}. If you have any questions, please do not hesitate to contact me at amy.kelleher@cms.k12.nc.us

I, _____, have read the description of each option above and have indicated the option that I feel is most appropriate for my student; _____

Sincerely,
Amy Kelleher
Instructional Accountability Facilitator
Mallard Creek High School

May 13, 2023

Dear Parents,

We are in the process of applying for ACT accommodations for your current or rising 11th grader. The process equires us to submit documentation to ACT for review and approval prior to testing. The deadline for us to submit all forms, documentation required, and the signed request for application for accommodations is in November. Please make sure that the signed documents (there are 2) are returned ASAP so we can apply by the deadline.

There are no late application provisions, so please be timely. We will accept these any time before November's deadline.

We must apply to ACT for accommodations other than preferential seating & separate testing. Should your child be approved for accommodations (ie-read aloud, extended time, multiple test sessions, etc...), we will provide those accommodations and the score is reportable to colleges. Should your child not be approved by ACT, we will provide accommodations but the scores are NOT COLLEGE REPORTABLE. If you want your child to have reportable scores and they are not approved by ACT for RA, ET, MTS, etc..., you will have to sign the waiver statement below so that we can test them in a standard setting without their accommodations.

This is a wonderful opportunity for a college-reportable application score, using an assessment paid for by CMS, and we want you to have the knowledge to make informed decisions about accommodations. **Please note: We will provide accommodations as documented on the IEP, 504, or ELL plan unless we get a signed waiver requesting us to test in a standard/approved setting by Jan 2024,** regardless of the ACT's decision on approval/denial of accommodation requests. This could change whether your scores are college reportable (ie-only locally approvable accommodations mentioned above and/or ACT approved accommodations can be provided to get reportable scores). I urge you to consider your options and weigh the benefits of reportable scores vs. accommodated sessions.

Please initial EACH line below(*if you do not approve a waiver of accommodations, skip 2nd statement*):

_____ I want you to apply for accommodations via ACT and have signed the document attached

_____ If my application for ACT approved accommodations is denied, I would like my child to test in a standard/locally approved setting so the scores are reportable to colleges. I waive my child's accommodation rights during the ACT test, to be given in Feb/March 2024.

_____ I understand that if my child's application for accommodations is denied, MCHS will provide any accommodations on the current IEP (current copy in force as of Jan 2024), regardless of how it impacts the score reporting unless I waive my child's accommodations in the event of a denial.

_____ I understand that I have to re-apply each time they take an ACT given test. My child's school will coordinate the process for the 11th grade, Feb/March 2024, on campus session only. Accommodations for any other ACT sessions my child attends must be coordinated by myself and ACT.org.

_____ I understand that if my child is approved for ACT accommodations, they will be tested in an accommodated session and their scores will be reportable. No waiver of rights will be initiated at that time/needed.

Parent Signature

Date

Student Signature

Date

Date R/C

11th



Consent to Release Information to ACT

Examinee/Parent Signature

I verify that the information provided in the accommodations request in the Test Accessibility and Accommodations System (TAA) is accurate to the best of my knowledge. I authorize the release to ACT of information related to this request by school officials, physicians, or others having such information, if requested. I understand that any documentation provided to ACT will remain with the request and will not become part of the examinee's permanent score record. If this request cannot be approved based on the information submitted, I understand the examinee may be required to test without the requested accommodations.

Parent or legal guardian signature, or examinee signature if over age 18

Date

Telephone Consent

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

School official's signature

Date

May 13, 2023

Dear Mallard Creek Parent,

Your child is listed as being a student who has an IEP. As such, he/she may apply for test accommodations for the CCRAA Alternate Assessments in grades 10 and 11. **Students can take advantage of an alternate assessment if they meet specific criteria (ie-they are in the OCS or AU Self Contained programs/classes).** This test is a test written at a level more appropriate for your child's functioning and ability level, thus will likely be a better fit vs the PLAN or ACT tests. In order to be able to take the alternate assessment, the CCRAA 10/11 must be documented in the IEP by a certain date AND you must complete this form.

Should these alternative tests not be on the IEP by the deadline, we will have to use the standard PLAN or ACT test to assess your child's knowledge and skills. **Please ensure that you speak about this with your child's case manager to impact the IEP that will be in place for your child's 10/11th grade years.** I will attempt to contact you if we do not have the required documentation to submit the request by the deadline.

Thank you,

Amy Kelleher
Mallard Creek High School
Instructional Accountability Facilitator
(980)343-1341
amy.kelleher@cms.k12.nc.us

CERAA
EXT 1

College and Career Readiness Alternate Assessment Parental Request Form

Students with current Individual Education Programs (IEPs) who meet specific eligibility criteria and have parental permission may be eligible for an alternate assessment to participation in the ACT / ACT PLAN.

To Be Completed by School Staff:

School Name: _____ Mallard Creek High School _____

Student's Name: _____

Student's PowerSchool Student Number: _____

Alternate Assessment Requested (select only one):

CCRAA Grade 10 Parental Request Form (Alternate to PLAN) – Due September 8

_____ Grade 10 CCRAA _____ Grade 10 NCEXTEND1

CCRAA Grade 11 Parental Request Form (Alternate to ACT) – Due February 2

_____ Grade 11 CCRAA _____ Grade 11 NCEXTEND1

To Be Completed by the Parent/Guardian:

Please sign below and return to your child's school.

My child's IEP team has determined that my child meets the eligibility criteria for an alternate assessment to participation in the ACT/ ACT Plan. I request that my son/daughter be administered an alternate assessment to participation in the ACT/ ACT Plan.

Parent's/Guardian's Signature

Date

To Be Completed by the School Principal:

Confirm that the student has a current IEP and that the IEP team has determined the student meets the eligibility criteria for the CCRAA/ NCEXTEND1 assessment. Complete the approved or denied section below and sign the Parental Request Form. Notify the parent of the decision, keep a copy of the form at the school, and submit the form to the LEA Test Coordinator by the established deadline.

_____ Request Approved

_____ Request Denied

Principal's Signature

Date