

## General Information

- ACT Special testing occurs at an examinee’s school. It is designed for examinees whose disabilities require accommodations that cannot be provided at a test center. Examples include:
  - more than time-and-a-half testing time
  - testing over multiple days
  - alternate test formats (Braille, DVDs or a reader)
  - use of a scribe or computer for the writing test
  - extended time on the writing test only
- ACT provides test accommodations in accordance with Title III of the Americans with Disabilities Act (ADA).
- The summary **Guidelines for Documentation** on page 3 and the detailed information on [www.act.org](http://www.act.org) reflect professional standards. ACT reviewers are looking for objective evidence that demonstrates impairment as recognized by the ADA and a need for the requested accommodation(s).
- The ACT® test is offered only in English. Accommodations (including extended time) are not available solely on the basis of limited English proficiency.

## Confidentiality of Documentation

All documentation provided to ACT will be kept confidential, will be used solely to determine eligibility for accommodations, and will not become part of the examinee’s score record.

## Deadlines

- It is in the examinee’s best interest to apply as early as possible.
- Mail the request by the regular deadline for the requested test window. Do NOT register online.
- **Requests postmarked after the regular deadline and received by the late deadline will be processed for the requested date if the late registration fee is included.**
- Requests received after the late deadline will be processed for the next test date.
- Requests will **not** be considered for standby testing.
- If testing outside the United States or Canada, requests must be received by the regular deadline.
- For a complete list of deadlines, visit [www.actstudent.org](http://www.actstudent.org).

## Preparing for the ACT

- A regular-type copy of *Preparing for the ACT*, which includes information about the tests, test-taking strategies, and a complete practice test, is available at [www.actstudent.org](http://www.actstudent.org).
- Practice tests can be ordered in braille, large type, or on DVDs by completing the *Alternate Format Practice Tests Order Form* at [www.actstudent.org](http://www.actstudent.org).

## Score Reports

- Score reports for the ACT (no writing) are normally mailed within 2–8 weeks after the answer folder is received.
- Score reports for the ACT with writing are normally mailed within 5–8 weeks after the answer folder is received.
- The “Test Location” is reported as “School” on all score reports.
- If the retest restrictions are violated, the scores will be cancelled automatically without refund.

## Fees

- The regular registration fee covers one report to your high school and up to four college choices at the time of registration.
- Payments must be in the form of a check\* or money order payable to ACT in US dollars and drawn on a US or US affiliate bank.
- If eligible (ask your school counselor), you may pay with a fee waiver.

Fee Description	Fee	Location(s)
ACT (no writing)	\$39.50	Within the US, US territories, Puerto Rico, or Canada
	\$79.50	All other locations
ACT with writing	\$56.50	Within the US, US territories, Puerto Rico, or Canada
	\$96.50	All other locations
**Late Registration	\$25.00	Only available within the US, US territories, Puerto Rico, or Canada
Test Date Change	\$24.00	All locations

\*This is notification that when you pay by check you are authorizing ACT, Inc., to convert your check to an electronic entry. When we use this information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. If your check is returned to us due to insufficient or uncollected funds, it may be re-presented electronically and your account will be debited.

\*\*If a Request is postmarked after the regular deadline and received before the late deadline it will be processed for the preferred test date **IF** the Late Registration fee is included.

## If the Approved Examinee Does Not Test

- The test fee for the ACT is nonrefundable once the examinee’s Request is approved, even if he or she does not test.
- An examinee can request a full refund if the Request is not approved and the examinee does not test.
- An examinee is considered “tested” if they break the seal on their test booklet or open the booklet.
- Examinees who do not test within the designated window may request the following:

<b>Test Date Change</b>	<ul style="list-style-type: none"> <li>■ Submit a new Request for ACT Special testing specifying the new testing window along with the Test Date Change fee.</li> <li>■ These requests must be postmarked by the regular deadline for the new testing window.</li> <li>■ Test Date Change requests are not issued until after ACT receives the unused test materials.</li> </ul>
<b>Refund of Writing Test Fee</b>	<ul style="list-style-type: none"> <li>■ Examinees scheduled to take the ACT with writing may request a refund for the writing test.</li> <li>■ Refunds are not issued until after ACT receives the unused test materials.</li> <li>■ Refund requests received after July 31, 2016, will not be honored.</li> </ul>

## Overview

The procedures for requesting ACT Special testing are outlined below. Please review these steps before completing the Request.

**Do NOT register online.**

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### Step 1: Choose an appropriate accommodations program.

- ❖ **Special testing:** Special testing at school is designed for examinees whose documented disabilities require accommodations that cannot be provided at a test center. Examples include:
  - more than 50% time extension
  - testing over multiple days
  - alternate test formats (braille, DVDs, or a reader)
  - use of a scribe or computer for the writing test
  - extended time on the writing test **only**
- ❖ **National testing:** If the examinee can test at a test center within the United States, US territories, Puerto Rico, or Canada, and use a regular type (10-point) or large type (18-point) test booklet, do not complete this form. Instead, request one of the following:

#### National Standard Time with Accommodations

- Examples of accommodations available include:
  - assign to a wheelchair-accessible room
  - large type test booklet
  - marking multiple-choice responses in the test booklet
- Examinees with hearing impairments may request seating near the front to lip-read spoken instructions.
- A sign language interpreter to sign spoken instructions (not test items).
- The *Request for ACT National Standard Time with Accommodations* is available at [www.actstudent.org](http://www.actstudent.org).

#### National Extended Time

- Extended Time (50% time extension).
- Approved examinees taking the ACT (no writing) have up to 5 hours to work on all four multiple-choice tests at their own pace.
- Approved examinees taking the ACT with writing have up to 6 hours to work on all five tests at their own pace.
- The total time allowed for both test options includes breaks between tests.
- The *Request for ACT Extended Time National Testing* is available at [www.actstudent.org](http://www.actstudent.org).

**Note: Examinees applying for either of the National testing options can register online at [www.actstudent.org](http://www.actstudent.org) or by mail.**

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### Step 2: Review the policies and procedures provided.

- It is important to read and understand the policies and procedures before the Request is submitted.
- For questions or additional assistance, please call 319.337.1332.

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### Step 3: Complete the Request and provide the required documentation.

- To request Special testing, **do not register online.**
- Complete and submit to ACT one *Request for ACT Special Testing* per examinee.
- Supporting documentation is required. If any of the information provided is found to be false, ACT reserves the right to cancel scores.
- Because payment must accompany the request, faxed or emailed forms will not be accepted.

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### Step 4: Submit the information to ACT.

Mail the following items to ACT Special Testing, 301 ACT Drive, PO Box 4028, Iowa City, IA 52243-4028.

- Completed and signed *Request for ACT Special Testing*.
- Fee payment.
- Copy of the examinee's accommodations plan.
- Complete documentation when required.

**Note: Incomplete/unsigned forms, forms without payment, or forms without all required documentation will not be processed. Keep a photocopy for your files.**

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### Step 5: Receive an accommodations decision notification from ACT.

#### Approved:

- The examinee will receive an "ACT Accommodations Approval" letter.
- A roster specifying the approved accommodations will be mailed to the test coordinator.
- Test materials and an additional copy of the roster will be shipped to the test coordinator.

#### NOT approved:

- The test coordinator and examinee will receive written notification.
- **ACT may, at its discretion, request additional documentation to support any Request.** All documentation must be submitted **in writing**.
- ACT will **NOT** automatically register the examinee to test at a national test center without accommodations.

#### Approved for National Standard Time with Accommodations or National Extended Time:

- The examinee and test coordinator will receive notification in writing along with registration instructions.
- ACT will **NOT** automatically register the examinee if they wish to test on a national test date at a national test center as described in Step 1.

Overview

Documentation must be written by the diagnosing professional and must meet **ALL** of these guidelines:

- States the specific impairment as diagnosed.
- Is current (diagnosed or reconfirmed within three academic years).
- Describes presenting problem(s) and developmental history, including relevant educational and medical history.
- Describes the substantial limitations (e.g., adverse effects on learning, academic achievement, or other major life activities) resulting from the impairment, as supported by the test results.
- Describes specific recommended accommodations and provides a rationale explaining how these specific accommodations address the substantial limitations.
- Establishes the professional credentials of the evaluator, including information about licensure or certification, education, and area of specialization.

The information below indicates the required documentation for each condition:

<p><b>ADD/ADHD</b></p> <ul style="list-style-type: none"> <li>• evidence of early impairment</li> <li>• evidence of current impairment, including presenting problem and diagnostic interview</li> <li>• evidence that alternative explanations were ruled out</li> <li>• results from valid, standardized, age-appropriate assessments</li> <li>• number of applicable DSM-IV or DSM-5 criteria and description of how they impair the individual</li> </ul>	<p><b>Psychiatric Disorders</b></p> <p>Due to the variable nature of these conditions, the following <b>documentation must be within the past year</b>:</p> <ul style="list-style-type: none"> <li>• age of onset and course of illness</li> <li>• psychological tests used</li> <li>• the history of treatment for the disorder</li> <li>• how the impairment affects functioning across settings</li> </ul>
<p><b>Autism Spectrum Disorder</b></p> <p>Documentation should include current information regarding adaptive behavior, executive functioning, attention, mental health, and academic fluency.</p>	<p><b>Speech and Language Disorders</b></p> <ul style="list-style-type: none"> <li>• specific diagnosis, including presenting problems</li> <li>• developmental and educational history</li> <li>• evidence that demonstrates the current impact of a speech and language disorder on reading, written expression, and/or learning</li> </ul>
<p><b>Hearing Impairments</b></p> <p>Documentation should include the most recent audiogram and/or an evaluation of communication skills including speech, reading, and receptive/expressive language skills.</p>	<p><b>Traumatic Brain Injuries</b></p> <ul style="list-style-type: none"> <li>• the date of the accident</li> <li>• status and diagnosis upon hospital admission</li> <li>• length of hospital stay</li> <li>• discharge date</li> <li>• review of type and outcome of outpatient therapy (Occupational Therapy, Physical Therapy, Speech Therapy), if applicable</li> <li>• evidence of current, continued educational impairment relating to requested accommodations, supported by objective data (psychological or neuropsychological testing, observations, rating scales, etc.)</li> </ul>
<p><b>Learning Disabilities</b></p> <p>Complete test and subtest results including standard scores and/or percentiles from reliable, valid, and standardized measures from:</p> <ul style="list-style-type: none"> <li>• an intellectual assessment using a complete and comprehensive battery</li> <li>• a complete achievement battery</li> <li>• evidence that alternative explanations were ruled out</li> </ul>	<p><b>Visual Impairments</b></p> <ul style="list-style-type: none"> <li>• specific ocular diagnosis</li> <li>• record of complete ocular examination from within the past 12 months including:             <ul style="list-style-type: none"> <li>○ chief complaint</li> <li>○ history of illness</li> <li>○ visual acuity</li> <li>○ complete ocular motility exam (versions, tropias, phorias, stereopsis)</li> <li>○ slit lamp exam</li> <li>○ visual field</li> <li>○ pupil exam</li> <li>○ optic nerve</li> <li>○ retina</li> </ul> </li> <li>• results of a measure of reading (decoding, rate, and comprehension) if the diagnosed condition is purported to affect reading</li> </ul>
<p><b>Medical Conditions</b></p> <ul style="list-style-type: none"> <li>• specific diagnosis and age/date of onset</li> <li>• current and/or prior course of medical treatment, including the impact of medical treatment specific to the examinee</li> <li>• current and/or prior therapy outcomes (e.g. physical, occupational, and/or speech therapy, mental health counseling/psychiatric treatment)</li> <li>• current impact on examinee's education (e.g. school absence, hospital and/or home bound status, reduced school schedule)</li> <li>• current impact on academic functioning (e.g. psychoeducational or neuropsychological evaluations, grade reports, transcripts, and/or other standardized testing)</li> </ul>	

Refer to the *Policy for Documentation* to [www.act.org](http://www.act.org) for complete details about what documentation to submit in support of requests for accommodations.

### Identifying the Special Testing Coordinator

Schools normally designate a qualified member of the staff to serve as the test coordinator for Special testing. Please make the identity of this individual known to examinees who need to request Special testing. If no test coordinator has been designated for Special testing, ask a teacher or counselor at the school the examinee is currently attending. (If the examinee is not currently in school, contact the testing department at a nearby college.)

### Special Testing Staff Requirements

All requirements listed below must be met. The Special testing coordinator and all staff must:

- be proficient in English
- be experienced in administering standardized or other “high-stakes” tests
- be a staff member of the institution where testing takes place
- have control over locked, limited-access storage at the institution to secure the test materials
- agree to administer the tests according to policies and procedures in the *ACT Administration Manual Special Testing*

### Conflict of Interest

To protect both the examinee and testing staff from questions of possible conflict of interest, the Special testing coordinator and all staff must:

- not be a relative or guardian of the examinee
- not be a private consultant or individual tutor whose fees are paid by the examinee or examinee's family
- not be engaged in test preparation activities for the ACT during the current academic year\*
- not be involved in coaching high school or college athletics
- not receive any compensation outside of ACT for administering the test

\*Only if the school district contract specifically requires the teacher or counselor to participate in school-sponsored test preparation courses may that person serve as coordinator.

**Note:** Scores achieved under the supervision of an individual who does not satisfy **ALL** items listed under Special Testing Staff Requirements **and** Conflict of Interest **will be cancelled without refund.**

### Scheduling the Test Administration

- **Testing Windows**
  - The ACT (no writing) and ACT with writing must be administered **only** during one of the designated three-week testing windows listed on the request form.
  - If Special testing is scheduled on a National or International test date, the Special testing coordinator may NOT be involved with that administration.
  - Examinees with similar accommodations and the **same timing code** may test as a group. However, examinees using a reader must test individually.
- **Test Site**
  - If testing cannot be done at the examinee's school, a written explanation must be submitted with the Request. ACT approval is required. (For example, the examinee is confined to the hospital or the home.)
- **Special Testing Answer Folder**
  - A Universal Answer Folder for each examinee will be shipped with the test materials.
  - Answers to the multiple-choice tests will be recorded on this folder on test day.
  - Identifying information, responses to the ACT Interest Inventory and Student Profile Section (optional sections), and college codes must be recorded on this answer folder prior to testing.
  - If the examinee is taking the ACT with writing, a *Universal Answer Folder with Writing* will also be included.

### Compensation

- ACT will provide the test coordinator with a compensation schedule after Special testing is approved.
- Payments are based on the testing time actually used by examinee(s) within the authorized timing guidelines.
- Only the person who administers the tests will be paid.
- Test coordinators who test three or more examinees in a room with the same timing code will receive additional compensation.
- Test coordinators testing more than 10 examinees with the same timing code in one room may be assisted by a proctor.
- Testing staff who test examinees that use more than 3 hours will receive additional compensation for each half-hour actually used by the examinee.

### Retest Restrictions

- An examinee may take the ACT no more than 12 times total.
- An examinee may test only once per National, International, State and District test date, or Special testing window.
- It is the responsibility of the test coordinator to ascertain that these restrictions have been met.
- If the retest restrictions are violated, the scores will be cancelled automatically without refund.

**General Information**

- This form is to be completed by the Special testing coordinator.
- Incomplete and/or unsigned forms will not be processed.
- Faxed or emailed forms will not be accepted.
- Do not register online.

**A. Examinee Information (print or type)**

Examinee Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

Examinee Street Address or PO Box (if not available, use school address) \_\_\_\_\_

City \_\_\_\_\_ State /Province \_\_\_\_\_ ZIP /Postal Code \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

High School Code (if currently attending) \_\_\_\_\_

**B. Test Coordinator Information (print or type)**

Test Coordinator Name (Last, First, Middle Initial) \_\_\_\_\_ Title \_\_\_\_\_

School Name (attach explanation if not the examinee's school) \_\_\_\_\_

Street Address of School (required for shipping materials) \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number (daytime) \_\_\_\_\_

**C. Previous Approval of the Same Accommodations on the ACT**

Has the examinee been approved for accommodations on the ACT and does the current IEP, 504 Plan, or official accommodations plan support providing these accommodations?

- If yes, complete only Sections A–H and M. In the box to the right, write in the test date and ACT Reference Number found on the examinee's approval letter. Then submit this Request.
- If no, complete the entire application and attach required documentation before submitting.

Test Date	ACT Reference Number

**D. Test Option, Testing Window, and Deadline**

- **Mark only one testing window and test option.**

**Note:** If a Request is postmarked after the regular deadline but received before the late deadline, it will be processed for the preferred test date **IF** the Late Registration fee is included. For a complete list of deadlines, visit [www.actstudent.org](http://www.actstudent.org).

Testing Window	Regular Deadline	Testing Window	Regular Deadline	Test Option (mark one)
<input type="checkbox"/> September 12–October 4, 2015	August 7	<input type="checkbox"/> February 6–February 28, 2016*	January 8	<input type="checkbox"/> <b>ACT (no writing)</b>
<input type="checkbox"/> October 24–November 15, 2015	September 18	<input type="checkbox"/> April 9–May 1, 2016	March 4	<input type="checkbox"/> <b>ACT with writing</b>
<input type="checkbox"/> December 12, 2015–January 3, 2016	November 6	<input type="checkbox"/> June 11–July 3, 2016	May 6	

*\*This window is not available outside the United States or Canada.*

**E. Diagnosed Disability (check all that apply)**

**Learning Disability (01)**

- (RD) Reading Disorder
- (DW) Writing Disorder/Written Expression
- (DA) Mathematics Disorder
- (SL) Speech/Language Disorder\*

**Physical/Sensory Disability (02)**

- (DF) Hearing Impairment\*
- (PH) Motor Impairment \_\_\_\_\_  
(e.g. cerebral palsy, muscular dystrophy)
- (VI) Visual Impairment\* \_\_\_\_\_  
(e.g. 20/100 corrected visual acuity)
- (TR) Tourette's Syndrome\*
- (EP) Epilepsy or Seizures\*

**Psychological Disability (03)**

- (AD) ADD/ADHD
- (AX) Psychiatric Disorder\* \_\_\_\_\_  
(e.g. Mood or Anxiety Disorders)
- (BD) Emotional/Behavioral Disorder
- (AU) Autism Spectrum Disorder
- (AU) Asperger's Disorder/PDD\*
- (TB) Traumatic Brain Injury\*
- (PD) Other Psychological/Cognitive Disability Including mental or intellectual disability  
Full scale IQ is required: \_\_\_\_\_

**Other Disability (07)**

- (HB) Confined to the home\* \_\_\_\_\_
- (OD) Other\* \_\_\_\_\_

\*Complete documentation is required if the first diagnosis was within the last 3 years and for ALL visual, hearing, psychological, emotional, or physical disorders.

**F. Test Format Requested (check at least one)**

Alternate formats must be supported by an accommodations plan and documentation. Examinees using reader's script must test individually. Examinees using DVDs may test as a group.

- (01) Regular type (10-point)
- (02) Large type (18-point)
- (03) Braille (printed copy included)
- (07) Reader's script w/regular type
- (08) Reader's script w/large type
- (09) Reader's script w/raised line drawings
- (19) DVDs w/regular type
- (20) DVDs w/large type
- (21) DVDs w/raised line drawings

**G. Time Requested (check one)**

- Standard time on each test; authorization to test over multiple days.
- Extended time on each test; authorization to test over multiple days.
- Extended time only on writing test (60 minutes)
- Extended time on each test (50% more time); all in one day.  
(See National Extended Time on page 2 before checking this box.)

**H. Additional Accommodations Requests (e.g. computer, double time, mark answers in the test booklet)**

(Full documentation, including specific diagnosis, is required)

## I. Current IEP, 504 Plan, or Official Accommodations Plan

1. Staple a copy of the most current test accommodations/services pages from the examinee's IEP, 504 Plan, or official accommodations plan to this request. Check the box to indicate the plan you are submitting.

IEP                       504 Plan                       Official Accommodations Plan                       Exceptions Statement

The IEP, 504 Plan, or official accommodations plan must state the need for the requested accommodations. The examinee's name and effective dates must also appear on each page.

2. Check ALL school years in which an IEP, 504 Plan, or official accommodations plan has been in place for the examinee.  
 Grade 12                       Grade 11                       Grade 10                       Grade 9                       Grade 8                       Before grade 8
3. Do any of the following apply?
- The plan has been in place *less than 3 academic years*.
  - The section labeled **Diagnosed Disability** includes an asterisk indicating full documentation is required.
  - Any **Additional Requests** are checked.
- If yes, *also* staple a copy of full documentation, including specific diagnosis to the application.

## J. Current Time Accommodations at School

Check YES or NO. If NO, see "Exceptions Statement and Complete Documentation Required" below.

**YES**    **NO** Does your school officially **permit** this examinee extended time for tests (classroom and standardized) **as a result of this diagnosis and supporting documentation?**

**EXCEPTIONS STATEMENT AND DOCUMENTATION REQUIRED.** If the requested accommodations are officially permitted or used, by this examinee due to the diagnosis, attach a signed statement on school letterhead from a qualified professional (on staff at the school or school district) who has reviewed the examinee's file to: 1) state under what circumstances accommodations would be permitted for this examinee in the school and the basis for providing that accommodation (include **complete documentation**—see "Guidelines for Documentation" on page 3); 2) explain why accommodations are not currently provided; 3) explain why you believe accommodations should be allowed for the ACT; 4) describe any assistance provided for this examinee outside of school, if known. Exceptions require additional time for review; apply as early as possible.

## K. School Official's Signature and Contact Information

*I certify that I have read and understand the Policies for ACT Special Testing and that the information on this form and in the attached accommodations plan and documentation is submitted in accordance with the Policies for ACT Special Testing. I further certify that the information provided is accurate to the best of my knowledge, and reflects the test accommodations currently provided in school to the examinee identified on this form.*

\_\_\_\_\_  
School Official's Signature (may not be a relative of examinee)

\_\_\_\_\_  
Fax Number (include area code)

\_\_\_\_\_  
Print Official's Name, Title, and School

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone number (include area code)

## L. Examinee Signature

*I certify that I am the person whose information is submitted in accordance with the Policies for ACT Special Testing on this form, and that the information provided is accurate to the best of my knowledge.*

*I understand that by signing below, I consent to the ACT Privacy Policy ([www.act.org/privacy.html](http://www.act.org/privacy.html)), which is incorporated into these Policies for ACT Special Testing by reference, including consent to the collection of personally identifying information and its subsequent use and disclosure.*

*Without limiting the above statement, I specifically authorize the release to ACT of diagnostic information by school officials, physicians, or others having such information, and full documentation, if requested. I understand that any documentation provided to ACT will remain with the application and will not become part of my examinee score record.*

**International Examinees:** *By signing below, I am also providing my consent to ACT to transfer my personally identifying information to the United States to ACT or a third party service provider for processing, where it will be subject to use and disclosure under the laws of the United States. I acknowledge and agree that it may also be accessible to law enforcement and national security authorities in the United States.*

\_\_\_\_\_  
Examinee's Signature

\_\_\_\_\_  
(Parent or guardian must also sign if examinee is under 18.)

\_\_\_\_\_  
Date

## M. Test Coordinator Signature

*I certify that I personally meet all of the requirements for the Special Testing Coordinator specified in the ACT Policies for ACT Special Testing and that I or a member of my staff who also meets the same requirements will administer the tests in accordance with the ACT Administration Manual sent with the test materials. I will ensure that the test materials are kept secure and confidential, **used only for the examinee identified on this form**, and returned to ACT **immediately** after testing.*

*I understand that by agreeing to be a Special Testing coordinator, I consent to the ACT Privacy Policy ([www.act.org/privacy.html](http://www.act.org/privacy.html)), which is incorporated into these Policies for ACT Special Testing by reference, including consent to the collection of my personally identifying information and its subsequent use and disclosure.*

**International Test Coordinators:** *By my signature, I am also providing my consent to ACT to transfer my personally identifying information to the United States to ACT or a third party service provider for processing, where it will be subject to use and disclosure under the laws of the United States. I acknowledge and agree that it may also be accessible to law enforcement and national security authorities in the United States.*

\_\_\_\_\_  
Test Coordinator Signature (must match the name in Section B)

\_\_\_\_\_  
Date

## N. Return of Request Form

Detach and mail this completed form, all required supporting documentation, **and fee payment** to:

**ACT Special Testing, 301 ACT Drive, PO Box 4028, Iowa City, IA 52243-4028**