

Request for Support for Students with Temporary Physical/Medical Conditions

Weekend SAT and Advanced Placement Exams

Who Should Use This Form?

This form should be used only to request testing support for students with temporary impairments (caused by recent injury, accident, etc.) who cannot postpone their tests. Use this form only for students taking the Weekend SAT® and/or Advanced Placement® (AP) Exams.

1. Students seeking testing supports for impairments that are not temporary must use Services for Students with Disabilities (SSD) Online or complete College Board's Student Eligibility Form to receive approval for testing accommodations.
2. For students taking **AP Exams**, if the temporary impairment will be resolved by the late testing dates, the AP Coordinator should not seek temporary testing support. Instead, go to www.collegeboard.com/school and order an alternate exam for the student (note ordering deadlines). In such cases, there is no additional charge for late testing.
3. Temporary testing support for the **Weekend SAT** is available only to seniors.

Important Information: Timing and Eligibility

Submit this form and documentation as soon as the temporary impairment has been medically verified. College Board will expedite the processing of temporary testing support forms. However, an appropriate review and determination cannot occur instantaneously. Individuals who submit requests or information shortly before a scheduled College Board test should be prepared to be informed that there was insufficient time to make a determination on their request. College Board will reply by email or fax as soon as possible.

Even if a positive determination has been made, there may not be time to provide any temporary testing support(s) on test day. It is most important to submit a request at least 14 days prior to Bluebook (digital) test day or at least 5 days prior to a paper testing.

Use of any testing support without first receiving written authorization from College Board's SSD office may result in cancellation of the student's test score(s).

Directions for SSD Coordinator (or other appropriate school official)

1. Complete Part 1. You will need information from the student's doctor and teachers.
2. Give the student a copy of this form. The student must obtain written confirmation from their doctor regarding the needed supports.
3. Remind the student that the doctor must provide information pertaining to all items in Part 3 and that the student and parent or guardian must sign Part 2.
4. Collect the signed form and documentation from the student.

5. Collect a completed Teacher's Survey Form (Part 4) from the student's teacher(s). If the student is taking an AP Exam, collect a Teacher's Survey from each AP teacher in whose subject the student is taking an AP Exam. For the SAT, include a Teacher's Survey from the student's core teachers. (Teachers may respond on separate sheets as long as all information requested in Part 4, including the student's name, is included.)
6. Depending on the student's physical/medical condition, additional documentation may be needed. Note: If the student is requesting testing assistance for a concussion or other head injury, copies of medical evaluation(s) and testing (e.g., ImPACT testing or neuropsychological evaluation) must be included. Complete the top section of page 5 before sharing the form with students or doctors.

Please note that concussions have a normal course of recovery and, therefore, documentation should include symptom progression during and after the normal recovery period.

7. Email Services for Students with Disabilities at ssd@info.collegeboard.org or call 844-255-7728 (international: +1-212-713-8333) to request a secure document link. (NOTE: Do not email the form.) You will be sent a secure link to which you can upload the completed documents.

PART 1: To Be Completed by School Official

Student Name	Date of Birth
Expected Graduation (month/year)	
School Code	You can find your School Code at sat.collegeboard.org/register/sat-code-search .
School Name	
City	State

Specify the tests(s) and date(s) for which the student needs temporary testing support.

Exam	SAT Weekend	AP Exam	If AP, Subject:
Exam Date			
Additional Exam, if applicable	SAT Weekend	AP Exam	If AP, Subject:
Exam Date			
Additional Exam, if applicable	SAT Weekend	AP Exam	If AP, Subject:
Exam Date			

Check the requested temporary testing support(s) requested from the list below:

Extra breaks	Preferential seating	Computer (<i>for AP essays and free response only</i>)
Extended breaks	One-to-one setting	Writer/scribe
Breaks as needed	Permission for food/medication	Human reader
Small group	Wheelchair accessibility	

For tests that are still paper-based ONLY: IF TIME TO SHIP

14-point test book	20-point test book	Large-print (large-block) answer sheet
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Describe the injury/medical condition, including date of onset:

School Official Completing This Form (Part 1)

Name	Title		
Telephone	Fax	Email	
Preferred method of contact (<i>select one</i>):	Telephone	Fax	Email

Signature of School Official

Date

PART 2: Student and Parent/Guardian Signatures

Agreement below must be signed by the student and, if the student is under 18, the student's parent/guardian before the request can be processed.

I wish to request testing support on College Board test(s) for a temporary physical/medical condition or diagnosis for the exam(s) identified above. I authorize my school to release to College Board copies of my records that document the existence of my physical/medical condition or diagnosis and need for temporary testing supports; to release any other information in the school's custody that College Board requests for the purpose of determining my eligibility for temporary testing supports on College Board tests; and to discuss my physical/medical condition or diagnosis and temporary testing support needs with College Board.

I also grant College Board permission to receive and review my records and to discuss my physical/medical condition or diagnosis and needs with school personnel (including personnel at the school I attend and school at which the College Board test(s) may be administered to me) and other professionals.

I understand and agree that any information and documentation my school may submit to support my request for temporary testing supports will be used by College Board, and its vendors, as applicable, to inform decisions about temporary testing supports for any of the exams listed above. I further understand that this information and documentation, as well as any approved or denied temporary testing supports, may be used and disclosed by College Board, as detailed under the "Information Use and Disclosure" section of College Board's Privacy Statement at <https://privacy.collegeboard.org/privacy-statement/info-use-disclosure>.

I understand that my consent is necessary for College Board and its vendors, as applicable, to collect, use, store, and analyze my physical/medical condition or diagnosis, including temporary testing support-related information, in order to make decisions about which temporary testing supports may be approved by College Board and to administer College Board test(s) to me with approved temporary testing supports.

I understand that I have the right to withdraw the above consent at any time by completing the Withdrawal of Consent Form available at accommodations.collegeboard.org/request-accommodations/request/forms, and mailing or faxing it to College Board at the address or facsimile number provided on the form. If I am a resident of a state that gives me certain privacy rights as indicated in College Board's Privacy Center at <https://privacy.collegeboard.org> and I have a personal College Board account, I understand that I may also withdraw the above-described consent at any time by logging in and accessing my Account Settings page at my.collegeboard.org/profile and then clicking on the Consent Management Preference Center under Privacy Settings.

Student Signature
(if 18 or over)

Date

Parent/Guardian Signature
(if student is under 18)

Date

PART 3: Doctor's Confirmation

Instructions to Doctor/Physician:

Please complete this page, then compose a letter that responds to **all** of the elements outlined below. Documentation must clearly indicate the doctor's name, specialization, address, and phone number. The letter must be signed and dated by the doctor. **This request for temporary testing support cannot be considered unless each of the following items has been addressed.**

Return the completed form and letter to:

School Official

by (date):

School Code

Required Information

- 1) Description of injury and degree of impairment.
- 2) Date of injury/onset of condition.
- 3) Expected date of recovery.
- 4) For students with hand/arm/wrist injuries:
 - a) If the student is in a cast or restraining device:
 - i) Indication of the area covered (a picture can be substituted).
 - ii) The anticipated date of removal of the cast/device.
 - iii) If the cast/device is removable, indicate when it must be worn and any restrictions during removal periods.
 - iv) If the cast involves the hand, the degree of movement that is possible with the hands and fingers.
 - b) If a hand or arm is affected, is this the dominant hand/arm (i.e., the one with which the student customarily writes)?
- 5) For students who are requesting testing assistance for a concussion/head injury, you must include:
 - a) Copies of a medical evaluation.
 - b) Copies of testing that has been completed (e.g., ImPACT testing or neuropsychological evaluation). Please note that ImPACT testing is a brief screening measure, not a diagnostic instrument, and without other measures is not sufficient to establish a need for temporary testing support. If this is the only testing available, be sure to provide a detailed medical evaluation.
 - c) Information regarding the student's current condition, including:
 - i) Full description of the injury, including how the student was injured and whether the student lost consciousness.
 - ii) Description of current symptoms, including frequency, intensity, and duration of current symptoms.
 - iii) Description of current medical restrictions, if any.

Please note that concussions have a normal course of recovery and, therefore, documentation should include symptom progression during and after the normal recovery period. **The doctor's confirmation must clearly indicate the doctor's name, specialty, address, and phone number. Documentation must be signed and dated by the doctor.**

PART 4: Teacher Survey

Student name

School Code

Teacher name

Subject/class

Information for Classroom Teachers

The student named in Part 1 has requested temporary assistance for College Board tests. Your detailed input regarding their needs on classroom tests is valuable in our decision-making process.

Each teacher in whose subject the student is taking an AP Exam should complete this form. For students taking the SAT Weekend, each of the student's core teachers should complete this form.

Return completed form to

by (date):

How long has the student been in your class?

OBSERVATION: Briefly describe your observations of the student's condition and its impact during your class. Where possible, provide specific examples. Include the frequency and severity of symptoms displayed during class.

SUPPORTS USED: Of the requested temporary testing supports on page 3 of this form, which are consistently used by the student during classroom testing?

Supports (from those marked on page 3) used for multiple-choice test items:

Supports (from those marked on page 3) used for other question types, such as short-answer questions, essays, and math problems:

IMPACT: Describe the impact of the provided supports on the student's performance. Does the student use the temporary testing support(s) effectively? How does it change their performance on tests? What happens if the supports are not provided?

Teacher's signature

Date

Questions?

**Contact College Board at 844-255-7728
(International: +1 212-713-8333)**