

ACT Accommodations Documentation for IEP

College Reportable Score

I, _____ agree that _____
(Parent/Guardian's Name) (Child's Name)

will waive the use of the documented accommodations on the IEP that are non-approved by ACT so that my child will have a college reportable ACT score.

Non-College Reportable Score

I, _____ agree that _____
(Parent/Guardian's Name) (Child's Name)

will use accommodations as documented on the IEP that are non-approved by ACT resulting in a non-college reportable score.

Signature of Parent/Guardian

Date

Copy given to parent/guardian on _____.
Date

This document is provided as a sample and can be used for your own purpose. It is not a requirement from NDE.

ACT Accommodations Documentation for 504 Plan

College Reportable Score

I, _____ agree that _____
(Parent/Guardian's Name) (Child's Name)
will waive the use of the documented accommodations on the 504 Plan that are non-approved by ACT so that my child will have a college reportable ACT score.

Non-College Reportable Score

I, _____ agree that _____
(Parent/Guardian's Name) (Child's Name)
will use accommodations as documented on the 504 Plan that are non-approved by ACT resulting in a non-college reportable score.

Signature of Parent/Guardian

Date

Copy given to parent/guardian on _____.

Date

This document is provided as a sample and can be used for your own purpose. It is not a requirement from NDE.