

# SSD Student Eligibility Form

For **parents and students** to directly request accommodations on College Board tests (SAT®, Advanced Placement® Program Exams, CLEP®, and PSAT-related assessments) based on disability. Follow the instructions given at [accommodations.collegeboard.org/instructions-student-eligibility-form](https://accommodations.collegeboard.org/instructions-student-eligibility-form).

All requests **must be accompanied by documentation**.

Don't staple anything to this form.

Mail or fax this completed form to College Board.

**Incomplete forms, including requests with no documentation, cannot be processed.**

**College Board SSD Program**

11955 Democracy Drive

Reston, VA 20190-5662

United States

**Fax:**

866-360-0114

## 1. Name (REQUIRED)

Enter your legal name, including hyphens, apostrophes, and spaces, if any. Omit suffixes such as Jr. or III.

LAST NAME (Family Name)

FIRST NAME

M.I.

## 2. Mailing Address (REQUIRED)

LINE 1 (STREET ADDRESS OR P.O. BOX)

LINE 2 (APARTMENT NUMBER IF APPLICABLE)

CITY

STATE

ZIP CODE

## 3. School You Attend

SCHOOL NAME

STREET ADDRESS (NOT P.O. BOX)

CITY

STATE

## 4. Date of Birth (REQUIRED)

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
DAY		MONTH		YEAR

## 5. Gender (REQUIRED)

(REQUIRED)

Female Male

Another \_\_\_\_\_

## 6. Email Address (REQUIRED)

(REQUIRED)

*We will send an alert to this address when decisions are posted to the online portal.*

## 7. Postal Code *Outside U.S. only*

<input type="text"/>							
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## 8. Country Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Outside U.S. only, U.S. territories, and Puerto Rico only*

Fill in the country code from the list in the SAT International Code List available in your counselor's office or online at [collegeboard.org/sat-codes](https://collegeboard.org/sat-codes).

## 9. College Board High School Code

Find your school code online at [collegeboard.org/sat-codes](https://collegeboard.org/sat-codes) or ask your school counselor. Entering a high school code authorizes us to report your approval status to your school. Homeschooled students: enter 970000. If you don't have a high school code or have already graduated, enter 000003 (in the U.S. or U.S. territories) or 000004 (in international locations).

<input type="text"/>							
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## 10. Date of Next Intended College Board Test

<input type="text"/>	/	<input type="text"/>
MONTH		YEAR

PSAT/NMSQT®

PSAT™ 10

PSAT™ 8/9

SAT

AP®

CLEP (remote-proctored exam)

## 11. Expected High School Graduation Date

<input type="text"/>	/	<input type="text"/>
MONTH		YEAR

## 12. Requested Accommodations

Indicate the accommodations being requested for College Board tests below. Don't include accommodations that aren't needed for College Board tests, even if included in your IEP or 504 plan. For assistance filling out this section, and for additional information regarding specific accommodations, refer to the guidance and definitions provided in the general instructions for filling out the Student Eligibility Form at [accommodations.collegeboard.org/request-accommodations/request/without-the-school](https://accommodations.collegeboard.org/request-accommodations/request/without-the-school).

**a. Extended Time** – Indicate the amount of extended time requested for each test or section.

If you aren't requesting extended time for a particular test type, leave that section blank.

	Up to time and one-half (50%)	Up to double time (100%)	Up to greater than double time*	Time needed
Reading				+
Written language expression				+
Mathematical calculations				+
Listening (foreign language and music tests only)				+
Speaking (foreign language tests only)				+

**b. Breaks** – Break time doesn't count toward testing time (clock is "stopped"). If you need a configuration not listed below, complete field 12e, "Other Assistance."

Breaks: Extra (additional breaks are scheduled between each section)

Breaks: Extended (twice the length of standard breaks)

Breaks as needed

**c. Reading/Seeing Text Assistance** –

If a required format isn't listed below, complete field 12e, "Other Assistance" (only Magnifying machine and Modified screen colors are available for CLEP remote-proctored exams)

Large print for paper exams (14 point)	Magnifying machine (electronic)*
Large print for paper exams (20 point)	Magnifier (nonelectronic)
Human Reader for AP paper exams*	Colored overlay/color contrast
Raised line drawings*	Text-to-speech (embedded)*
Braille test (Refreshable)	Screen reader
Braille for Digital or Paper Braille if Approved)*	(non-embedded) for digital assessments*

**d. Recording Answers**

Computer (word processor) for essays for AP paper exams (Note: Spell check/grammar check cannot be used.)

Large print answer sheet for paper exams

Writer/scribe for AP paper exams\*

Braille writer\*

Dictation (speech-to-text)\*

**e. Other Assistance** – (for any accommodation for CLEP remote-proctored exams, student must stay in view of proctor at all times)

Small-group testing

Permission for medication/food/drinks during test

Written copy of oral instructions

Permission to test blood sugar

Preferential seating (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

\* Accommodation requires school-based testing for SAT. Weekend test centers don't offer these accommodations.

## 13. Use of Accommodations Requested

Have ALL requested accommodations in section 12 been provided and used on school tests and included on the current IEP, 504 Plan, or Formal Written Plan/Program?

Yes - all requested accommodations have been provided/used on school tests and included in school plans.

No - some or all requested accommodations have NOT been provided/used on school tests or are not included in school plans. In the box below, list the requested accommodations that have not been provided, used, or included in a school plan.

The information you provide on this form will be used to inform decisions about accommodations provided to students on College Board tests, including SAT, PSAT-related assessments, AP, and CLEP.

14. **Disability** — What is the diagnosed disability? (Note all that apply.)

Specific Learning Disorder with impairment in reading, impairment in written expression, or impairment in mathematics

Attention Deficit Hyperactivity Disorder

Hearing Impairment

Autism Spectrum Disorder

Intellectual Developmental Disorder

Psychiatric Disorder

Communication Disorder

Visual Disability (specify): \_\_\_\_\_

Visual acuity: \_\_\_\_\_

(Measurements are:      With correction      Without correction)

Visual Field: \_\_\_\_\_

Physical Disability (specify): \_\_\_\_\_

Other impairment (specify): \_\_\_\_\_

(List diagnosed conditions that don't fall under the other categories.)

15. **Documentation**

**a. Formal Education Plan/Program**

Indicate the current school generated formal education plan/program that is implemented. (To be current, the plan/program must be valid for the current school year.)

Current IEP

Current 504 Plan

Current Formal Written Plan/Program

No current formal plan is in place

Student is homeschooled

What is the date the CURRENT plan/program was implemented (even if created at another school)?

/   
MONTH YEAR

What is the date the FIRST plan/program was implemented (even if created at another school)?

/   
MONTH YEAR

**b. Evaluation Testing**

Additional assistance and references are provided at

[accommodations.collegeboard.org/request-accommodations/provide-documentation](https://accommodations.collegeboard.org/request-accommodations/provide-documentation).

\_\_\_\_\_  
EXAMINER'S NAME AND TITLE

\_\_\_\_\_  
AREA OF CERTIFICATION/LICENSE

\_\_\_\_\_  
DATE OF EVALUATION

If applicable, indicate the most recent standardized tests used to document the existence of the disability and the need for accommodation.

16. **Confirming Information and Signature**

**PARENTS/STUDENTS:** Ask the school to complete this section if you're submitting with their help.

**SCHOOLS:** If the school is submitting or assisting with this form, this section must be completed by the school's SSD coordinator or official school representative.

I verify that unless otherwise indicated in my responses above: (1) the accommodations requested above are provided and used on school-based tests; (2) the school has documentation on file that meets College Board guidelines for documentation; and (3) all information provided above is true and accurate.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FAX

## 17. Student Agreement

I have read and understand College Board's General Instructions for filling out the [Student Eligibility Form](#) and am applying for testing accommodations on College Board tests based on disability. I understand and agree that the information provided through this form and any documentation which I may submit to support my application for accommodations will be used by College Board, and its vendors, as applicable, to inform decisions about accommodations provided to me on any College Board test(s) which I choose to take now or in the future, including SAT, PSAT-related assessments, AP, and CLEP. I further understand that this information and documentation, as well as any approved or denied accommodations, 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 also grant College Board permission to receive and review my records and to discuss my disability and needs with school personnel (including the school I attend and school at which the College Board test(s) may be administered to me) and other professionals. I understand that my consent is necessary for College Board and its vendors, as applicable, to collect, use, store, and analyze my mental or physical health condition or diagnosis, including disability- or accommodations-related information, in order to make decisions about which accommodations may be approved by College Board and to administer College Board test(s) to me with approved accommodations.

If Section 16 is completed, I authorize the school to release to 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 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 College Board.

I understand that I have the right to withdraw the above consent at any time by completing the Withdrawal of Consent Form available at <https://accommodations.collegeboard.org/request-accommodations/request/forms>, and mailing or faxing it to College Board at the address or facsimile number provided above and 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 <https://my.collegeboard.org/profile> and then clicking on the Consent Management Preference Center under Privacy Settings.

I attest that all information I have provided on this form is true and accurate.

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STUDENT'S SIGNATURE

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PARENT/GUARDIAN'S SIGNATURE (REQUIRED IF STUDENT IS UNDER 18)

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PARENT/GUARDIAN'S NAME