

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://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.

College Board SSD Program Fax:
P.O. Box 7504 866-360-0114
London, KY 40742-7504
United States

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)

/ /
DAY MONTH YEAR

5. **Gender** (REQUIRED)

☐ Female

☐ Male

☐ Another _____

6. **Postal Code** *Outside U.S. only*

7. **Country Code**

*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.

8. **College Board High School Code**

Find your school code online at 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).

9. **Date of Next Intended College Board Test**

/
MONTH YEAR

☐ PSAT/NMSQT®

☐ PSAT™ 10

☐ PSAT™ 8/9

☐ SAT

☐ AP®

☐ CLEP (remote-proctored exam)

10. **Expected High School
Graduation Date**

/
MONTH YEAR

11. 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/instructions-student-eligibility-form](https://www.collegeboard.org/instructions-student-eligibility-form).

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.

	Time and one-half (50%)	Double time* (100%)	Greater than double time*	Time needed			
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	+ <table><tr><td></td><td></td><td></td></tr></table>			
Written language expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	+ <table><tr><td></td><td></td><td></td></tr></table>			
Mathematical calculations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	+ <table><tr><td></td><td></td><td></td></tr></table>			
Listening (foreign language and music tests only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	+ <table><tr><td></td><td></td><td></td></tr></table>			
Speaking (foreign language tests only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	+ <table><tr><td></td><td></td><td></td></tr></table>			

b. Breaks – Break time doesn't count toward testing time (clock is "stopped"). If you need a configuration not listed below, complete field 5, "Other Assistance."

- ☐ Extra Breaks (additional breaks are scheduled between each section)
- ☐ Extended Breaks (twice the length of standard breaks)
- ☐ Breaks as Needed*

c. Reading/Seeing Text Assistance –

If a required format isn't listed below, complete field 5, "Other Assistance" (only Magnifying machine and Modified screen colors are available for CLEP remote-proctored exams)

- | | |
|---|--|
| <input type="radio"/> Large-print test book (14 point) | <input type="radio"/> Magnifying machine (electronic)* |
| <input type="radio"/> Large-print test book (20 point)* | <input type="radio"/> Magnifier (nonelectronic) |
| <input type="radio"/> Human reader* | <input type="radio"/> Modified screen colors |
| <input type="radio"/> Raised line drawings (Braille graphs and figures; can be used with Reader)* | <input type="radio"/> Enlarged (large-block) answer sheet (no "bubbles"/not scanned) |
| <input type="radio"/> Braille test (text, graphs, figures)* | <input type="radio"/> Assistive Technology–Compatible test form* |
| | <input type="radio"/> Screen reader (text-to-speech) |

d. Recording Answers – Don't choose both a computer and a writer/scribe. (Not available for CLEP remote-proctored exams.)

- ☐ Computer (word processor) for essays* (Note: Spell check/grammar check cannot be used.)
- ☐ Enlarged (large-block) answer sheet (no "bubbles"/not scanned)
- ☐ Writer/scribe to record dictated responses*
- ☐ 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.

12. Use of Accommodations Requested

Have ALL requested accommodations in section 11 been provided and used on classroom tests and included on the current IEP, 504 plan, or formal written plan/program?

- | | |
|---|--|
| <input type="radio"/> Yes – all requested accommodations have been provided/used on classroom tests and included in school plans. | <input type="radio"/> No – some or all requested accommodations have NOT been provided/used on classroom 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.

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

- | | |
|--|--|
| <input type="checkbox"/> Specific Learning Disorder with impairment in reading, impairment in written expression, or impairment in mathematics | <input type="checkbox"/> Intellectual Developmental Disorder |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Psychiatric Disorder |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Communication Disorder |
| <input type="checkbox"/> Autism Spectrum 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.)

14. **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 in the Instructions for Completing the Student Eligibility Form, or online at collegeboard.org/ssd.

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.

15. **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

16. 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 to inform decisions about accommodations provided to me on any College Board test(s) which I choose to take, including SAT, PSAT-related assessments, AP, and CLEP. 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 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 15 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 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.

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

STUDENT'S SIGNATURE

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

PARENT/GUARDIAN'S NAME