

Eide Neurolearning Clinic

SAT /ACT / College Accommodations

Name: _____ Grade: _____ Date: _____

School: _____ Test planned: SAT ACT other _____

Date test planned: _____

Developmental History:

Please circle all that apply

Birth or Early Life Problems: _____

Early Developmental Delays? First Words Combine Words Crawling Walking

As a Child (Check all that apply): Speech problems Reading problems

Attention Problems Speech Therapy Occupational Therapy Other _____

Medical Problems _____

Medications _____

The following problems have affected my daily academic functioning: (Check all that apply)

Disability	Affected Learning?	Class Performance?	Test-Taking?
Reading			
Writing			
Math			
Attention			
Vision			
Hearing			

I have known I have had a disability since (year): _____

When formally diagnosed & Which test if known): _____

Tested by: _____ Phone / email _____

Statement of Prior Accommodations

I have received accommodations in the past: Yes No

If yes: IEP 504 What years? _____

Other _____

What Accommodations were received? Extended Time Double Time

Scribe Reader Frequent Breaks Sound Amplification

Computer without Cut & Paste Large block answer sheet

Private Room Small Group Preferential Seating

Other _____

Accommodations Requested

Presentation Reader Large Print More White Space

Amplification Other _____

Responding Dictated to Scribe Computer without Grammar / Cut / Paste

Large Block Answer Sheet Tape Recorder Other _____

Timing / Scheduling Frequent breaks Extended Time Multiple Day

Time of Day Other _____

Setting Small group Private room Special Light / Acoustics

Adaptive Furniture / Tools Alternative Site with Proctor Preferential Seating

Other _____