In a limited number of circumstances, test coordinators can submit requests for accommodations and/or English learner (EL) supports after the published request deadline.

This completed form must be submitted in the Test Accessibility and Accommodations System (TAA), along with all the required information and documentation, by the late consideration deadline.

Refer to your Schedule of Events for deadlines. Due to time constraints, reconsideration of requests submitted during the late consideration window may not be available.

Check all applicable reasons, complete all associated details, and certify below. Blank or incomplete forms will not be reviewed. Late consideration requests for reasons other than those listed below will not be reviewed.

Reason for Late Consideration

☐ Student transferred to our school after the published accommodations/supports request deadline.
   Name of previous school: _______________________________________________________
   Previous TAA PIN (if known): _________________________________________________
   Date of enrollment: _________________ Upload verification of enrollment date with this form in TAA.

☐ Student was classified into a new grade level after the published accommodations/supports request deadline.
   New grade level: _____________________________________________________________
   Date of recategorization: ____________________________________________________

☐ Student was evaluated, given a new diagnosis/classification, AND started on a new accommodations/supports plan after the published accommodations/supports request deadline.
   Date of evaluation: ___________________________________________________________
   New diagnosis/classification: _________________________________________________
   Date of new plan: ____________________________________________________________

☐ Student was identified as an English learner and started receiving language supports after the published accommodations/supports request deadline.
   Date of EL designation: _______________________________________________________ 

☐ Student had a medical emergency or the sudden onset of a medical condition after the published accommodations/supports request deadline.
   Date of medical emergency: _________________ OR Date of condition: _____________

Test Coordinator Certifying Need for Late Consideration for ACT State Testing

Name of person who completed this form: ________________________________

Student’s Name: __________________________________________ TAA PIN: _____________

Today’s Date: _______________________________________________________

Note: Do not use this form to order additional materials.