

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 deadline published in your *Schedule of Events*.

Due to time constraints, reconsideration of requests submitted during the Qualified Exception to the Deadline (QED) window may not be available.

Check all applicable reasons, complete all associated details, and certify below. Requests submitted during the QED window without a **completed QED form** will be returned. QED requests for reasons other than those listed below do not qualify and will be returned without review.

**Qualification Criteria (complete one or more)**

- 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 reclassification: \_\_\_\_\_

- Student was evaluated, given a new diagnosis AND started on a new accommodations/supports plan after the published accommodations/supports request deadline.

Date of evaluation: \_\_\_\_\_

New diagnosis \_\_\_\_\_

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 Qualification for Exception to the Deadline 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.*