



ORDER FORM

Alternate Format Practice Tests

PROGRAM: NATIONAL (SPECIAL), STATE, DISTRICT | PRODUCT: THE ACT
AUDIENCE: TESTING STAFF, EXAMINEES, PARENTS/GUARDIANS

Alternate Format Practice Tests: Use this form to order free alternate format practice tests for the ACT. [Preparing for the ACT® Test, Special Testing Scoring Keys](#), which provides an answer document and directions for scoring the practice test, will be included with each item ordered. Download [Preparing for the ACT® Test, Testing with Alternative Formats](#) for test-taking strategies and tips and a practice writing test.

For full-length, online, alternate-format practice tests, including tests compatible with a screen reader or text-to-speech, visit act.org/alternate-practice.

Ordering

Identify the required quantity (QTY) of desired practice test format(s) and email the completed form to act-services@act.org.

Note: Please consider quantities carefully. You may reuse these materials.

Braille multiple choice with embedded tactile graphics includes a regular-print test booklet.

UEB with Nemeth 01838026PT QTY: _____
UEB Math/Science 01838126PT QTY: _____

Braille writing test booklet (UEB) braille users taking the ACT with writing.

Braille writing test booklet (UEB) 01848126PT QTY: _____

Tactile graphics, stand alone with the screen reader compatible practice test (select **Guest access**).

Note: Do not order if you choose braille above.

UEB with Nemeth 01838826PT QTY: _____
UEB Math/Science 01838726PT QTY: _____

Large-print includes an 18-pt. test booklet and answer document.

Multiple-choice test booklet 011AK126KT QTY: _____
Writing test booklet 018280260 QTY: _____

Pre-recorded audio includes a regular-print test booklet and *Usage Guidelines* (access the [pre-recorded audio practice test](#) online).

Pre-recorded audio 01136626T QTY: _____

Video ASL includes a regular-print test booklet and *Usage Guidelines* (access the [Video ASL practice test](#) online).

Video ASL 01136627KT QTY: _____

Shipping

(Type or print; all fields are required unless stated otherwise.)

Name

Title (if applicable)

Institution Name (if applicable) or check box

I am ordering as an individual (e.g., as a parent), not for a school.

Address (Do not use PO Box number.)

City

State

ZIP

Phone (including area code and extension, if applicable)

ACT Customer Number (if known)

High School Code (6 digits) if applicable

For questions related to tracking an order, email act-services@act.org.

For all other inquiries regarding testing students with disabilities, call 319.337.1332.