



# 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.

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

Pre-recorded audio 01136626KT QTY: \_\_\_\_\_

## Shipping

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

## Ordering

Identify the required quantity (QTY) of desired practice test format(s) and email the completed form to [act-services@act.org](mailto: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 01818025PT QTY: \_\_\_\_\_

UEB Math/Science 01818125PT QTY: \_\_\_\_\_

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

Braille writing test booklet (UEB) 01119922W QTY: \_\_\_\_\_

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

**Note:** Do not order if you choose braille above.

UEB with Nemeth 01818825PT QTY: \_\_\_\_\_

UEB Math/Science 01818725PT QTY: \_\_\_\_\_

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

Multiple-choice test booklet 011AK126KT QTY: \_\_\_\_\_

Writing test booklet 01195822W QTY: \_\_\_\_\_

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) or  
College Code (4 digits), if applicable

**For questions related to tracking an order,**  
email [act-services@act.org](mailto:act-services@act.org).

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