

ACT® WorkKeys® Report of Accommodated Tests

Instructions

For each accommodated assessment, the test coordinator should complete this form and keep it for your records for one year.

Examinee Name (printed)	Examinee ID
Test Site Name	City / State
Test Coordinator Name (printed)	Date

No system accommodations other than extended time and text-to-speech are currently available with ACT WorkKeys online testing. If you have examinees that need other accommodations, (e.g. readers), they must test using paper materials. Call ACT to order such materials. In the space below, describe the examinee's disability.

For each assessment administered, give the test date and check the appropriate extended time given. Note the type of written documentation provided in the Describe Accommodations field.

Name of Assessment	Date Administered	Describe Accommodations	Double-time	Triple-time
Workplace Documents				
Applied Math				
Graphic Literacy				
Business Writing				
Applied Technology				
Workplace Observation				

The signatures below signify that:

- The examinee has the specified disability.
- The accommodations indicated above have been provided.

Examinee Signature	Date
Test Coordinator Signature	Date

Keep a copy for your records for one year.