ACT Accommodations Documentation for IEP

**College Reportable Score**

I, ______________________________________ agree that ____________________________

(Parent/Guardian’s Name) (Child’s Name)

will waive the use of the documented accommodations on the IEP that are non-approved by ACT so that my child will have a college reportable ACT score.

**Non-College Reportable Score**

I, ______________________________________ agree that ____________________________

(Parent/Guardian’s Name) (Child’s Name)

will use accommodations as documented on the IEP that are non-approved by ACT resulting in a non-college reportable score.

____________________
Signature of Parent/Guardian

____________________
Date

Copy given to parent/guardian on ______________________.

Date

This document is provided as a sample and can be used for your own purpose. It is not a requirement from NDE.
ACT Accommodations Documentation for 504 Plan

College Reportable Score

I, ____________________________________ agree that _____________________________
(Parent/Guardian’s Name) (Child’s Name)
will waive the use of the documented accommodations on the 504 Plan that are non-approved
by ACT so that my child will have a college reportable ACT score.

Non-College Reportable Score

I, ____________________________________ agree that _____________________________
(Parent/Guardian’s Name) (Child’s Name)
will use accommodations as documented on the 504 Plan that are non-approved by ACT resulting
in a non-college reportable score.

__________________________________
Signature of Parent/Guardian

Date

Copy given to parent/guardian on _________________.

Date

This document is provided as a sample and can be used for your own purpose. It is not a
requirement from NDE.