

ADULT LEARNERS Examinee Affidavit and Accommodations Log

PROGRAM: NATIONAL | PRODUCT: WORKKEYS | AUDIENCE: EXAMINEES, TESTING STAFF

Test coordinator: For each accommodated assessment, work with the examinee to complete this form as needed. Both the examinee and the test coordinator should sign to indicate the following:

- The test coordinator has verified the examinee’s qualification to use accommodations-level supports as indicated.
- The accommodation specified has been provided.

Affadavit: Complete the affidavit portion when examinees do not have a formal educational plan that indicates the need for accommodations.

Log: For each assessment administered with accommodations, complete the log, listing the type of accommodations supports administered.

The form does not need to be returned to ACT. Keep it for your records for one year, then securely destroy.

Test Site Name

Examinee Name

Examinee ID Number Test Date

Examinee Affidavit

Examinee: Complete this affidavit (personal declaration) section with the assistance of the test coordinator.

Test coordinator: In the space below, provide previously used accommodations during a formal testing situation if no formal education plan is available.

My signature at the bottom of this statement means that I declare the following personal statements to be ACCURATE and TRUTHFUL:

I have requested, and have been previously permitted by a testing authority to use, and personally have used the accommodation(s) listed on this form during one or more of the following formal testing situations (Check all that apply and give source):

Prior testing during school or vocational training experience

Institution Name

Prior testing during military service, or service to other government or service organization

Organization Name

Prior testing during work experience

Employer Name

I understand that I may use only ACT allowable accommodations supports on this test so that the test is able to measure the essential and fundamental skills it is designed to measure, regardless of my prior history of using other accommodations supports.

I understand that my qualification to use these supports and the validity of my score on this test rests on the truthfulness of my statement that I have experience using the support(s) I am requesting. I also understand that if this statement is found to be inaccurate or untrue that my test score may, as a result, be invalidated and/or canceled.

Examinee Signature

Date

Accommodations Log

(Use for paper testing only.)

Instructions

On the examinee's answer document, indicate the examinee's accommodation by marking the box labeled Admin Code with the appropriate accommodation code for each assessment for which the accommodation was provided. These codes can be found in the Gridding Administration Code section of The *ACT WorkKeys Administration Manual*.

For each assessment administered, give the test date and the code describing the accommodation provided exactly as it was marked on the examinee's answer document. Also note any accommodations provided not directly related to the test.

Applied Math

Date Administered

Admin Code

Evidence of use:

Official accommodation plan

Signed affidavit of prior plan

Graphic Literacy

Date Administered

Admin Code

Evidence of use:

Official accommodation plan

Signed affidavit of prior plan

Workplace Documents

Date Administered

Admin Code

Evidence of use:

Official accommodation plan

Signed affidavit of prior plan

Applied Technology

Date Administered

Admin Code

Evidence of use:

Official accommodation plan

Signed affidavit of prior plan

Accommodations-level supports (describe):

The signatures below signify the following:

- The examinee provided the required evidence of qualification for use of accommodations-level supports.
- The accommodations-level supports indicated above have been provided.

Examinee Signature

Date

Test Coordinator Signature

Date