



Maine SAT[®] Initiative

Declaration of Testing Accommodations

DIRECTIONS FOR USING THE STATE ACCOMMODATION FORM

The purpose of this document is to collect information only about those students who will participate in the Maine High School Assessment, including the SAT[®], and who will test with Maine Purposes Only accommodations. Because MPO SAT scores are not reportable to colleges and universities, it is recommended that you document any communication with parents to ensure that they understand this policy.

Please be sure to complete both Sections 1 and 2 for each of your students who plan to use MPO accommodations on the Maine High School Assessment. Missing or incomplete information in either section may result in delays in processing accommodations. It is not necessary to receive a parental signature for each student's accommodation request. However, the counselor signature must be present in Section 1 for the form to be processed.

Please list all students who will require MPO accommodations for the May 2 SAT testing in Section 2. Please note that each student's name listed in Section 2 must **EXACTLY** match the name on the form in which it appears in MEDMS. Be sure to include each student's full address, date of birth and all MPO accommodations required.

Detach and submit this form **no later** than Feb. 9, 2009, to the address below:

**College Board SSD Program
Attn: Janine Ricigliano
P.O. Box 6226
Princeton, NJ 08541-6226**

Please make a copy of this form in case you need to submit another copy. The deadline is Feb. 9, 2009, but forms requiring ancillary materials will be accepted up until April 14, 2009.

GUIDE TO MAINE PURPOSES ONLY (MPO) ACCOMMODATION CODES**Students with any MPO accommodations must test apart from other test-takers.**

Code	Accommodation
079	Maine-Only Accommodations
080	MT1—Extended Time Same Day
081	MT2—Extended Time over Several Days
082	MT3—Multiple or Frequent Breaks
083	MT4—Flexible Test Day or Start Time
084	MT5—Flexible Ordering of Test Sections
085	MS1—School Site Testing Location Other Than Classroom
086	MS2—Off-Site Testing Location by School Personnel
087	MP1—Individual Testing
088	MP2—Small-Group Testing
089	MP3—Human Reader
090	MP4—Sign Language (Not for Reading)
091	MP5—Stand, Move, or Pace During Testing
092	MP6—Alternative/Assistive Technology to Communicate
093	MP7—Proctored by Special Ed or ESL Title I Personnel
094	MP8—Large Print
095	MP9—Braille
096	MP10—Bilingual Dictionary
097	MP11—Translation into Native Language
098	MP12—“Sheltered English” content
099	MP13—Cassette
100	MR1—Scribe or Recording Device for Other Than Essay
101	MR2—Alternative/Assistive Technology to Communicate
102	MR3—Other Assistive Devices
103	MR4—Word Processor
104	MR5—Braille
105	MR6—Visual Aids
106	MR7—Bilingual Dictionary
107	MR8—Verification of Student Understanding of Test Directions
108	MO1—Accommodations Based on Test Content
109	MR8—Side-by-Side Placement of Two Text Booklets
110	MR9—Administrator Rewrites Illegible Responses Word-for-Word



Maine SAT® Initiative

Declaration of Testing Accommodations Form

RETURN THIS FORM BY FEBRUARY 9, 2009

COUNSELOR:

Please list all students who will take the Maine High School Assessment (MHSA), including the SAT® using Maine Purposes Only testing accommodations. Students who take the SAT using State of Maine testing accommodations will not receive an official score report from the College Board, but their SAT scores will be combined with the scores for the math and science components to determine each student's Maine High School Assessment score. Participation and achievement scores for the SAT and other components of the Maine High School Assessment will be the basis for Adequate Yearly Progress determinations under No Child Left Behind.

If you have more students than will fit on the pages provided, please make a copy of page 4 and staple the additional pages to this form.

Please include all student information and indicate the specific accommodation codes for the accommodations the student will be using. A list of accommodations and codes is included on page 2 of the directions.

RETURN THIS FORM TO COLLEGE BOARD SSD PROGRAM
ATTN: JANINE RICIGLIANO
P.O. BOX 6226
PRINCETON, NJ 08541-6226

Section 1. High School Information and Counselor Certification

COUNSELOR CERTIFICATION

Name (print): _____ High School Code: _____

High School Name: _____ City: _____

I certify that I have followed our state requirements as outlined in the Maine High School Assessment Policies and Procedures for Accommodations and Alternate Assessment for parental and student notification regarding the use of Maine Purposes Only (MPO)-approved accommodations and that the student and/or student's parents are aware that the student will not receive an official score report from the College Board.

Counselor Signature _____ Date _____

Section 2. Students Using State of Maine Purposes Only Accommodations for the Maine High School Assessment, Including the SAT—DO NOT Include Students with Approved College Board Accommodations

Student Name: _____ EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS Date of Birth: _____
Address: _____
City: _____ Zip Code: _____
Approved MPO Accommodations (list all 3-digit numeric codes that apply, e.g., 079): _____

Student Name: _____ EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS Date of Birth: _____
Address: _____
City: _____ Zip Code: _____
Approved MPO Accommodations (list all that apply): _____

Student Name: _____ Date of Birth: _____
EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS

Address: _____

City: _____ Zip Code: _____

Approved MPO Accommodations (list all 3-digit numeric codes that apply, e.g., 079): _____

Student Name: _____ Date of Birth: _____
EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS

Address: _____

City: _____ Zip Code: _____

Approved MPO Accommodations (list all that apply): _____

Student Name: _____ Date of Birth: _____
EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS

Address: _____

City: _____ Zip Code: _____

Approved MPO Accommodations (list all that apply): _____

Student Name: _____ Date of Birth: _____
EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS

Address: _____

City: _____ Zip Code: _____

Approved MPO Accommodations (list all that apply): _____

Student Name: _____ Date of Birth: _____
EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS

Address: _____

City: _____ Zip Code: _____

Approved MPO Accommodations (list all that apply): _____

Student Name: _____ Date of Birth: _____
EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS

Address: _____

City: _____ Zip Code: _____

Approved MPO Accommodations (list all that apply): _____

Student Name: _____ Date of Birth: _____
EXACTLY as it is written on the Student's SAT Registration Form and in MEDMS

Address: _____

City: _____ Zip Code: _____

Approved MPO Accommodations (list all that apply): _____

If you have additional students, please copy this sheet and staple additional completed sheets to this form.