

**ACCOMMODATIONS ELIGIBILITY FORM**

Before filling out this form, please review the [**NEWL® Registration**](https://www.americancouncils.org/newl-dates-deadlines-fees) page of the website for information about dates, fees, test center requirements, age requirements, and more.

**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Complete Name:** |  |
| **Date of Birth:**  **(MM/DD/YYYY)** |  |
| **Gender:** |  |
| **Mailing Address:** |  |
| **Enrolled School Name:** |  |

**STUDENT AGREEMENT**

With this completed form, I am requesting testing accommodations on NEWL. The second page is completed and signed by a school official, verifying my request and need for accommodations. While I do not have to provide documentation to American Councils at this time, I understand that I may be asked to release them later. I agree to have American Councils discuss my disability and needs for testing accommodations with school personnel and other professionals as necessary for the exam administration. I attest that all information I have provided on this form is true and accurate. I understand that it is my responsibility to communicate my accommodation request to the test center where I will be taking the NEWL.

**Student Signature:**

**Date:**

**Parent/Guardian Signature:**

(If student is under 18)

**Parent/Guardian's Name:**

(Please print)

**Student/ Parent/ Guardian Email:**

**REQUESTED ACCOMMODATIONS**

**1. Extended Time:**

Indicate the amount of extended time requested for each test or section of the test.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **+50%**  **(Time and ½)** | **+100%**  **(Double-time)** | **Greater than +100%** | **Other Time Needed** |
| **Reading** |  |  |  |  |
| **Listening** |  |  |  |  |
| **Writing** |  |  |  |  |
| **Speaking** |  |  |  |  |

**2. Breaks:** Break time does not count toward allotted testing time. (The clock is stopped.)

Extra Breaks (between each section)

Extended Breaks (twice the length of standard breaks)

Other (Specify)

**3. Other Assistance:**

Small group testing

Preferential seating (Specify)

Permission for medication/ food/ drinks during test

Other (Specify)

**CONFIRMING INFORMATION AND SIGNATURE**

I verify that the accommodation is in keeping with the accommodation the school provides for this individual student when in a testing environment. I additionally verify that the school has the necessary documentation on file. I understand that although we do not have to provide this documentation at this time, we may be asked later to present the required documentation.

**Name:**   **Title:** \_\_\_\_\_

**Signature:** **Date:**

**Phone:** **Email:** \_\_\_\_\_