

WorkKeys Internet Version Report of Accommodated Assessments

For each accommodated assessment, the test administrator is required to complete this form and fax it to ACT at the number below. Both the examinee and the test administrator should sign and indicate that (1) the examinee has the specified disability and (2) the accommodation specified has been provided.

Examinee's Name (printed)

Examinee ID

Test Site Name

City

State

Test Administrator's Name (printed)

Date

No accommodations other than extended time are currently permissible with WorkKeys Internet Version. If you have examinees that need other accommodations, (e.g. readers), they must test using paper-and-pencil materials. Call ACT at 800/936-5539 to order such materials. In the space below or on an attached page, describe the examinee's disability as it relates to the WorkKeys assessment(s).

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

Name of Assessment	Date Administered	Time-and-a-half	Double-time	3 hours
Applied Mathematics	/ /			
Applied Technology	/ /			
Business Writing	/ /			
Locating Information	/ /			
Reading for Information	/ /			

The signatures below signify that:

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

Examinee Signature

Date

Test Administrator Signature

Date

Fax a copy of this form to 319/341-2630

Be sure to keep a copy for your records