

ISEE[®]

Independent School Entrance Exam

TESTING WITH ACCOMMODATIONS

2009-2010

Eligibility

A student with a documented disability may be eligible for accommodations on the Independent School Entrance Exam (ISEE). To be eligible, the student must:

- Have a disability that necessitates testing accommodations,
- Have complete and specific documentation that establishes a current need for the requested accommodations,
- Currently receive and utilize the requested accommodations, due to the disability, on a regular basis for school-based testing in the student's present school environment.

Review Process

- Submit all items listed in the checklist from Section 2 together at least 5 WEEKS prior to the requested testing date. Please do not submit items separately as that will delay the approval process.
- When ERB has received your application, an email will be sent to confirm that the approval process has begun. This email is NOT AN APPROVAL. Please call ERB at 1-800-989-3721 ext. 9813 or 212-672-9813 if you do not receive this email.
- If there is any problem with the application, the ISEE reviewer will call you to resolve the issue.
- In about 3 to 4 weeks, you will receive a verification letter confirming the test site, date, and approved accommodations. This letter will serve as your entrance ticket to the testing session. Contact the ISEE Operations Office at 1-800-446-0320 if you have not received the verification letter by mail after 4 weeks.
- In the case of testing at an office or when special arrangements are made for an individual test, a verification letter will NOT be sent. ERB will call or email the family to confirm the approved accommodations, and the test site will be notified.

Accommodation Requests

The goal of offering accommodations is to provide equal access to all students taking Educational Records Bureau tests. Accommodations requests must be current to the student's needs. An application with complete documentation must be submitted each time the student tests with ISEE, even if accommodations were approved for previous testing.

All documentation sent to ERB is kept strictly confidential, and the information is not released to the schools when the score reports are sent. The testing site will only be notified of the approved accommodations so that they can make the appropriate arrangements.

Testing Locations

Accommodations are not available at every testing location. When choosing a test site and date, please refer to the list of test sites offering accommodations, which can be downloaded online at www.iseetest.org. These sites also list the accommodations they offer, so check that the accommodations your child needs are listed for the site you are requesting. Special arrangements can be made on a case by case basis if there are no testing locations in your area offering the specific accommodations requested on your school statement. Contact ERB at 1-800-989-3721 ext. 9813 or 212-672-9813 if you need to make special arrangements.

Also, please note that the online list of test sites is updated on a regular basis. Testing locations often fill to capacity. When this happens, we will close the site on the list. Please check back often to assure your requested site and date is still available when you are ready to submit your materials.

TESTING WITH ACCOMMODATIONS

Checklist for Completion of the Application

STEP 1: Registration Information

(on page 3 of this brochure)

Print the information requested clearly. Double check that your email address is written clearly, because we use this method to contact you with questions and status issues. Double check that you have chosen a test site and date. You must also include at least one school to receive a score report.

STEP 2: Payment (on page 3 of this brochure)

Check which type of testing situation you are applying for and any extra services you are requesting. Include a check or credit card information. Fees must be paid in full before a student's registration can be processed.

STEP 3: Parent Agreement (on page 4 of this brochure)

Sign and date.

STEP 4: Head of School or Principal's Statement

(on page 4 of this brochure)

This form must be filled out by the student's current school to verify that the accommodations requested are currently being used in classroom and testing situations. The school should check off from the list of accommodations the student requires. If the student's needs are not listed, then check "other" and explain on the lines provided. If for some reason the student does not currently receive the accommodations requested in the current school setting, this should also be explained (such as if the school already incorporates an adapted curriculum).

STEP 5: Documentation

(to be submitted separately by family)

This information must be submitted and be current (within the last 3 years). In addition to the items listed above, documentation for the specific disability requiring accommodations must also be included. This documentation must:

- state the specific disability, as diagnosed
- This documentation alone does not guarantee that a student is eligible for testing accommodations on the ISEE.

Please submit one or more of the following forms of documentation

Formal Testing

A complete psycho-educational evaluation qualifies if:

- Standardized testing is performed by licensed professional and describes the comprehensive testing and techniques used to arrive at the diagnosis, including evaluation date(s), and test results with subtest scores from measure of cognitive ability, academic achievement, and information processing.
- It includes credentials of the evaluator.
- Testing was completed within 3 years of when the ISEE accommodations application is submitted, or includes a recent re-evaluation of the specific areas requiring accommodations.

Individualized Educational Plan (IEP) or 504 Plan

Required pages are:

- Data page (includes date of meeting, student information, city and school district, etc).
- Signature page of people who attended the meeting (must have signatures).
- Accommodation page listing all testing and classroom modifications mandated by the IEP or 504 Plan.
- An application for an IEP or 504 Plan review does not qualify.
- The pages detailing annual goals and objectives are NOT needed.

Physician Letter

A letter from a medical doctor may qualify if:

- The accommodations are required due to a medical or psychological condition, injury, or physical disability (such as a vision impairment, deafness, paralysis, ADD, ADHD, etc.)
- The doctor describes diagnosis and current treatment.
- The letter is written on letterhead and includes credentials, office address, and date.

School Accommodation Plan

This would be a private, independent, or special education school's version of an IEP and must include:

- A detailed description of the functional limitations of the student written on school letterhead and signed by at least 2 educational or psychological professionals.
- Description and results of in-house testing that was completed to determine eligibility for accommodation plan.
- All dates of implementation and list of modifications to the student's classroom and testing environment.

NOTE: Please take note that additional documentation may be requested.

This form and all supporting materials must be submitted together and received 5 weeks in advance of the requested test date.
 To process Accommodation Request(s), please submit: 1. this registration form, 2. payment, 3. parent agreement, 4. Head of School or Principal's statement, and 5. complete educational documentation, to: **Educational Records Bureau ISEE, 220 East 42nd Street, Suite 100, New York, NY 10017. Or fax it to 212-370-4095.** Processing will not begin until all required materials are received.

STEP 1: Registration Information

This is your formal ISEE registration form; you do not need to complete the bubble registration form.

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Office Phone*: _____

Parent's Cell Phone*: _____

Parent's E-mail Address _____

Sex of Student: _____ Birthdate: _____

Current Grade: _____ Grade Applying For: _____

Requested ISEE Test Site: _____ Requested ISEE Test Date: _____

School(s) to receive ISEE score report (up to 6 for testing fee): _____

**optional*

Fees

The following represents the 2009-10 fee schedule for all ISEE tests. Please select one testing location. *Please do not register for a standard test as that will require a change of registration fee.*

choose one of the following:

- Testing at a School: \$89**
Small group administration.
- Testing at an Office (small group): \$139**
Only available in certain locations: CT, FL, MA, NY, TX
- Testing at an Office (individual): \$159**
Only available in certain locations: CT, FL, NY, PA, TX

additional services:

- Telephone Service (optional): \$30**
See page 8 of ISEE Student Guide.
- What to Expect on the ISEE (optional)**
For information and ordering options for *What to Expect on the ISEE* series, please reference page 3 of the ISEE Student Guide, www.iseetest.org, or call 1-800-446-0320.
- Change of Registration Fee: \$20**

STEP 2: Payment

- Pay by check**
please make the check payable to "Educational Records Bureau" and mail it to the above listed address.
- Pay by credit card** Visa Mastercard American Express Total Fees: _____

Card Number: _____ Expiration Date: _____

Card Holder's Name (*please print*): _____

Card Holder's Signature: _____

STEP 3: Parent Agreement

I wish to apply for testing accommodations on the Independent School Entrance Exam (ISEE). I agree to give the Educational Records Bureau permission to view the documentation that I, schools, and/or licensed professionals submit in conjunction with this application for requested testing accommodations. I agree to the conditions set forth in this publication and the testing conditions stated in the ISEE Student Guide. I attest that all information I have provided is true and accurate.

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____ Date: _____

STEP 4: Head of School or Principal's Statement

This section must be completed by student's current school only.

The Head of School or Principal must complete this form unless the school has a specialist responsible for routinely assessing and granting requests for student accommodations. By completing this section, such individual certifies that the Head of School or Principal has made such a designation and has authorized him or her to represent the school with respect to the student's request for an ERB accommodation.

_____ is a current student at _____ School.

_____ Extended Time (1 1/2 times)	_____ Computer for essay	_____ Braille
_____ Large-print test	_____ Computer with spell-check for essay	_____ Other
_____ Circle in test booklet		_____

He/she currently receives and utilizes each of the accommodations that I have initialed above for school-based tests. Please describe the circumstances in which accommodations are required. If additional space is required, please include on a separate sheet of paper.

If the child does not use the requested accommodations for school-based tests, please explain:

Name (print): _____ Title: _____

Signature: _____ Phone Number: _____

_____ Date: _____

STEP 5: Documentation (to be submitted separately by family)

This information must be submitted and be current (within the last 3 years). Please refer to page 2 for details.