WorkKeys Internet Version Report of Accommodated Assessments

For each accommodated assessment, the Site Administrator/Test Supervisor is required to complete this form and fax it to ACT at the number shown at the bottom of the form. Both the examinee and the Site Administrator/Test Supervisor should sign and indicate that (1) the examinee has the specified disability and (2) the accommodation specified has been provided.

Examinee Name (printed) Examinee ID

Test Site Name City State

Site Administrator/Test Supervisor Name (printed) Date

No system 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.WORKKEY (967-5539) 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	/ /			
Listening for Understanding	/ /			
Locating Information	/ /			
Reading for Information	/ /			
Workplace Observation	/ /			

The signatures below signify that:

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

Examinee Signature Date

Site Administrator/Test Supervisor Signature Date

Fax a copy of this form to 319/341-2630. **Keep a copy for your records.**

2012.12.07