Student Verification Form
Specialized Treatment Center
(Formerly State-Supported/State-Operated Facilities)

Center Name: ____________________________________________________________

Student’s Full Name: ____________________________________________________

Date of Birth: _______________ Male: ___ Female: ___ Grade: ___________

Check all assessments to be administered:
☐ ACT Aspire (Grades 3-8 and 10) (Paper Based-Test only)
☐ ACT QualityCore (Only if the Local Education Agency chooses to administer) (Paper Based-Test only)
☐ ACCESS for ELLs 2.0
☐ Alternate ACCESS for ELLs
☐ ACT Plus Writing (Grade 11) (Paper-Based Test only)
☐ ACT WorkKeys (Grade 12) (Paper-Based Test only)
☐ Alabama Alternate Assessment

Your signature below indicates that the following procedures have been followed:
☐ The student has been identified as a special education student.
☐ The student has a current Individualized Education Program (IEP).
☐ The student’s IEP has been verified by the Building Test Coordinator of this facility.
☐ The student is eligible to participate in the assessments marked above.

Building Test Coordinator: ___________________________ Date: ________________

The Student Verification Form must be submitted at least 4 weeks prior to the first day of testing. Failure to do so will delay approval. Complete this form and attach a copy of the student’s profile page and signature page.

A class schedule is only required for ACT QualityCore End-of-Course Assessments. Fax to the attention of Susan Beard at (334) 242-7341 or email to sbeard@alsde.edu.

System Test Coordinator: ___________________________ Date: ________________

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For ALSDE use only. Do not mark in the area below.

Date Received _______ Profile Page _______ Signature Page _______ Class Schedule for QualityCore

Approval __ [Y] __ [N] SDE Signature: ____________________________ Decision Date: ________________

Notes ________________________________________________________________