



SSD School Testing Calendar

Complete, sign, and fax this form to the College Board's Services for Students with Disabilities at 866-360-0114. It will be used to confirm your school's availability for SAT school testing. **Do not attach a cover sheet when faxing.**

Four-Day Availability Required for SAT School Testing

School testing is required for students needing accommodations that are not available at test centers. School testing can occur on one of the four days between the national administration date and the following Tuesday.

Important: If your school cannot administer the SAT during one or more test administrations, you must make arrangements with a neighboring school to accommodate your students. If other arrangements are not made, your students will have to be scheduled at your school. Attach a letter on school stationery from the administrator of the school that has agreed to test your students. This letter should acknowledge his/her agreement to assume this responsibility and should indicate the test dates, contact name, phone number, and street address (not P.O. Boxes) where the test materials should be sent. Include additional information as necessary.

Dates Not Available for School Testing

Complete this section only if your school will **not** be available to test your own students for all SAT dates. Attach a letter indicating the other school to which your students should be assigned.

My school will **not** be available for school testing during these SAT administrations. Academic Year: _____

October

November

December

January

March/April

May

June

School Information

All fields are required unless otherwise specified.

School Code: _____ School Name: _____

Look up your school code at <http://sat.collegeboard.org/register/sat-code-search>. If your school doesn't have a code, leave it blank.

School Address: _____

City: _____ State: _____ ZIP Code: _____

Country: _____

Coordinator Information

All fields are required unless otherwise specified.

Last Name: _____ First Name: _____ Middle Initial: _____

Work Telephone: _____ Fax Number: _____ Email Address: _____

Are you the Primary SSD Coordinator for your school? Yes No

If not, provide the name of your primary SSD Coordinator: _____

SSD Coordinator Signature: _____ Date: _____

If you need to establish or change your school's SSD Coordinator, you can do so by downloading and faxing the SSD Coordinator Form available at www.collegeboard.org/students-with-disabilities/forms.