



conflict of interest as outlined in the *Accessibility Support Guide*.

ACT® requires the transcriber to provide their signature to indicate their consent to abide by ACT transcriber policies in the following statement:

*"I certify that I have read, understand, and agree to administer the test in accordance with the policies in the administration materials, and according to what was authorized for the examinee. I further assure ACT that, if authorized, responses are transcribed verbatim, the examinee is tested individually, grammar check is turned off on the software program for the computer used, and the examinee's responses are erased from the computer or braille."*

Scribe Signature

Scribe Name (printed)

Date

This blank document may be printed as needed. Complete one form for each examinee authorized to test with a scribe. This document may be photocopied as needed if the examinee uses different scribes for different tests.

Complete this agreement **only** if ACT has approved an examinee to use a transcriber, computer, braille, or speech-to-text software for the writing test; if the examinee is approved to mark answers in the test booklet; or if the examinee will dictate their multiple-choice responses and/or essay to a scribe.

*Note: For PreACT® and WorkKeys® assessments, accommodations may be approved locally and ACT approval is not required. Accommodations should align with individual students' plans.*

Examinees approved for a transcriber or speech-to-text software must test individually in a separate room. Examinees using computers or braille may test as a group. The scribe also serves as the room supervisor if they are the only testing staff in the room. For ACT Special testing, the test coordinator normally serves as the scribe.

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School/Center/Site Name

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City State

\_\_\_\_\_

Test Coordinator Name (printed)

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Examinee Name (printed)

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ACT Code if applicable (e.g., High School Code, Test

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