

# ORDER FORM

## Alternate Format Practice Tests

■ PROGRAM: NATIONAL (SPECIAL), STATE, DISTRICT ■ PRODUCT: THE ACT  
 ■ AUDIENCE: TESTING STAFF, EXAMINEES, PARENTS/GUARDIANS

**Alternate Format Practice Tests:** Use this form to order free alternate format practice tests for the ACT. [Preparing for the ACT® Test, Special Testing Scoring Keys](#), which provides an answer document and directions for scoring the practice test, will be included with each item ordered. Download [Preparing for the ACT® Test, Testing with Alternative Formats](#) for test-taking strategies and tips and a practice writing test.

**Pre-recorded audio** includes a regular-print test booklet and *Usage Guidelines* (access the [pre-recorded audio practice test](#) online).

01136624KT QTY: \_\_\_\_\_

### Ordering

Identify the required quantity (QTY) of desired practice test format(s) and email the completed form to [act-services@act.org](mailto:act-services@act.org).

**Note:** Please consider quantities carefully. You may reuse these materials.

**Braille with embedded tactile graphics** includes a regular-print test booklet.

**UEB with Nemeth** 01117A22PT QTY: \_\_\_\_\_

**UEB Math/Science** 01117C22PT QTY: \_\_\_\_\_

**Braille writing test booklet (UEB)** for braille users taking the ACT with writing.

01119922W QTY: \_\_\_\_\_

**Large-print** includes a large-print (18-pt.) answer document or writing test booklet.

**Multiple-choice test booklet**  
011AK1240 QTY: \_\_\_\_\_

**Writing test booklet** 01195822W QTY: \_\_\_\_\_

**Tactile graphics, stand alone** used with the [screen reader compatible practice test](#) (select **Guest access**). **Note:** Do not order if you choose braille above.

**UEB with Nemeth** 01117K22PT QTY: \_\_\_\_\_

**UEB Math/Science** 01117F22PT QTY: \_\_\_\_\_

### Shipping

(Type or print; all fields are required unless stated otherwise.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Institution Name (if applicable) or check box

I am ordering as an individual (e.g., as a parent), not for a school.

\_\_\_\_\_  
Address (Do not use PO Box number.)

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone (including area code and extension, if applicable)

\_\_\_\_\_  
ACT Customer Number (if known)

\_\_\_\_\_  
High School Code (6 digits) or  
College Code (4 digits), if applicable

**For questions related to tracking an order, email [act-services@act.org](mailto:act-services@act.org).  
For all other inquiries regarding testing students with disabilities, call 319.337.1332.**