

Please photocopy this form before use.



# College Board Services for Students with Disabilities (SSD)

## Advanced Placement Program® AP Nonstandard Administration Report (NAR)

School Name: \_\_\_\_\_ School Code: \_\_\_\_\_

SSD Coordinator Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP or Postal Code: \_\_\_\_\_

The blank NAR form may be used for SSD-approved students, if needed. Please note that students may receive only the College Board–approved accommodations that appear with their names on the student’s official SSD accommodations letter. In the space provided for each student, please complete all requested information. For students approved for extended time only, prior to the exam, fill in the College Board–approved total testing time and the time for each part or section in the “Approved” column. During testing, the proctor should record in the “Used” column the exact amount of time used per part or section, and the total testing time used for each section. Sign and date where indicated. NARs for all students testing with accommodations must be returned to the AP Program.

Student’s SSD Code: \_\_\_\_\_

Name of Student: \_\_\_\_\_

AP Number: \_\_\_\_\_

Admin. Date: \_\_\_\_\_

Exam Code: \_\_\_\_\_ Exam Title: \_\_\_\_\_

College Board-Approved Accommodation: \_\_\_\_\_

College Board-Approved Total Testing Time: \_\_\_\_\_

<b>Section I Time in Hours and Minutes</b>		<b>Section II Time in Hours and Minutes</b>		<b>Extra or Extended Break Time in Minutes Between Sections</b>	
Approved	Used	Approved	Used	Approved	Used
		Reading Period (if applicable)			
Part A	_____	Part A	_____	Extra 1	_____
Part B	_____	Part B	_____	Extra 2	_____
				Extra 3	_____
<b>Total</b>	_____	<b>Total</b>	_____	<b>Total</b>	_____

**Proctor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SSD Coordinator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_