PILOT GED® ACCOMMODATIONS REQUEST FORM

PHYSICAL DISABILITIES & CHRONIC HEALTH CONDITIONS

SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION: To be completed by GED® candidate

Complete all information and sign the release statement at the end of the section. Make sure that Sections 1-3 are complete before you submit the form to the GED Chief Examiner™ at the testing center where you plan to take the GED® tests. The GED Chief Examiner™ will review the form and your documentation and let you know if additional information is required.

First Name:_____ Last Name: _____

Social Security/Social Insurance Number: _____ Date of Birth: ____/_____/_____ Age: ____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (_____) _____-_____ Email:_____

Release of Information: I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to GED Testing Service® and its designees in connection with my request for testing accommodations. If you are under 18, a parent or guardian must also sign.

Test-Taker's Signature _____ Date: _____

Parent/Guardian's Name (if Candidate is under 18) _____

Parent/Guardian's Signature (if Candidate is under 18) _____ Date: _____

SECTION 2: REQUESTED ACCOMMODATIONS: To be completed by GED® candidate In consultation with professional diagnostician or advocate

Please indicate which accommodations you are requesting (check all that you are requesting):

- ☐ Extended Time: Standard time + 25% (total: 8 hr. 53 min.)
- ☐ Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- ☐ Extended Time: Standard time + 100% (total: 14 hr. 10 min.)

- ☐ Supervised Breaks: 30 minutes testing/5 minutes break
- ☐ Supervised Breaks: 45 minutes testing/10 minutes break

- ☐ Audiocassette with 50% Extended Time (total: 10 hr. 38 min.)*
- ☐ Audiocassette with 100% Extended Time (total: 14 hr. 10 min.)*

GED® and GED Testing Service® are registered trademarks of the American Council on Education. They may not be used or reproduced with the express written permission of ACE or GED Testing Service. The GED® and GED Testing Service® brands are administered by GED Testing Service LLC under license from the American Council on Education.

- ☐ Scribe*
- ☐ Calculator for Part II of the Mathematics Test
- ☐ Talking Calculator for the entire Mathematics Test*
- ☐ Large-print test
- ☐ Private or distraction-reduced room
- ☐ Braille test
- ☐ Other (specify, and include a justification below): _____

  _____

  _____

*Note: accommodations marked with an * are automatically approved with a Private Room to prevent distraction to other test-takers.

SECTION 3: To be completed by professional diagnostician

Name of the disorder(s) for which GED® test accommodations are requested:

_____

_____

Date(s) of assessment:_____

Part 1: *Medical evaluation report*: The candidate's request for accommodations includes a report of a medical evaluation. The following information MUST be discussed in the diagnostic report:

- ☐ A comprehensive history
  - Age that symptoms of the disorder first appeared
  - Relevant educational history
  - Relevant psychosocial history
  - Relevant medical history
  - History of the condition
  - History of the *impact* of the condition on activities of daily living
  - History of using accommodations
- ☐ Current presentation
  - The current impact of the disorder on academic performance, employment (if relevant), and other daily activities
  - Current treatments (e.g. medications) and their effectiveness
  - Detailed of test results: objective evidence from medically-relevant testing of the existence of a significant physical impairment
- ☐ A detailed, individualized, integrative summary of test results, relevant history, and clinical impressions
- ☐ A specific diagnosis

- ☐ The expected duration of the disability and its prognosis
- ☐ The potential impact of the disability on the person's ability to take the GED® test
- ☐ The written report must include SPECIFIC recommendations for testing accommodations (note that phrases such as "extended time" and "untimed tests" are not specific). If extra time is recommended, the exact amount (25%, 50% or 100%) is specified
- ☐ The report must include a rationale for each recommended accommodation

Part 2: *Appropriateness of extra time accommodations*. For many test-takers with physical disabilities, it may not be wise to dramatically lengthen the duration that they will sit for the test. For example, some test-takers with visual disorders have significant eye strain after reading for extended periods of time, so doubling the amount of time they will have to visually focus may not be appropriate. For other candidates, simply providing them the opportunity to take more frequent rest breaks is the only accommodation they need.
As a medical professional, you certify that the following statements are true:

- ☐ You have carefully considered the appropriateness of significantly lengthening the duration of the exam for this candidate, prior to recommending extra testing time on the GED® test.
- ☐ You have carefully considered alternative accommodations (other than extra time), such as stop-the-clock breaks and testing in a private room.

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration Date: ____/_____/_____ Issuing State/Province/Territory: ____

Phone Number: (_____) _____-_____ Email:_____

Diagnosing Professional's Signature: _____ Date: _____

SECTION 4: To be completed by the GED Chief Examiner™

Part 1: *Evidence of current impairment:*

☐ The candidate has provided a detailed letter or report from a qualified professional that includes the following:

- Age that symptoms of the disorder first appeared
- Age of first diagnosis
- History of the impact of the disorder
- The current impact of the disorder on academic functioning and other activities of daily living
- A specific diagnosis
- Recommended accommodations on the GED® test with specific rationale

Part 2*: Evaluator's letter or report*:

☐ The detailed letter or report from a qualified professional is:

- No more than **1** year old
- Printed on the evaluator's letterhead
- Signed by the professional

Part 3: Please review the form to be certain that all sections are complete and that all supporting documentation is included. Missing information may delay the review of the test-taker's request. Sign and date the form before sending it to your GED Administrator™.

GED Chief Examiner™ declaration:

☐ I have reviewed this request form and the attached documentation and verify that it is complete.

Chief Examiner Name: _____ 10-Digit Center ID #: _____

Test Center Name: _____

Phone Number: (_____) _____-_____ Fax Number: (_____) _____-_____

Email: _____

GED Chief Examiner's™ Signature _____ Date _____

SECTION 5: To be completed by GED Administrator™

Please review the form to be certain that all sections are complete and that all supporting documentation is included.

☐ This application is incomplete and requires the following missing information before it can be reviewed:

_____

_____

GED Administrator's™ Signature: _____ Date: _____

☐ This application is complete and the following accommodations are approved:

Accommodations Approved:

- ☐ Extended Time: Standard time + 25% (total: 8 hr. 53 min.)
- ☐ Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- ☐ Extended Time: Standard time + 100% (total: 14 hr. 10 min.)

- ☐ Supervised Breaks: 30 minutes testing/5 minutes break
- ☐ Supervised Breaks: 45 minutes testing/10 minutes break

- ☐ Audiocassette with 50% Extended Time (total: 10 hr. 38 min.)*
- ☐ Audiocassette with 100% Extended Time (total: 14 hr. 10 min.)*

- ☐ Scribe*

- ☐ Calculator for Part II of the Mathematics Test

- ☐ Talking Calculator for the entire Mathematics Test*

- ☐ Private or distraction-reduced room

- ☐ Large-print test

☐ Braille test

☐ Other (specify): _____

_____

☐ This application has been formally reviewed by the GED Administrator™ but, for the following reason(s) it has been forwarded to GED Testing Service® for review:

_____

_____

GED Administrator's™ Signature _____ Date _____

Phone Number: (_____) _____-_____ E-mail:_____