

# 2015–16

**Updated November 2015**

***GRE® and TOEFL® Tests,  
THE PRAXIS SERIES® Tests and  
SCHOOL LEADERSHIP SERIES Assessments***

## Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs

**NOTE:** This supplement contains procedures and forms for requesting accommodations for the tests listed above.

Use this supplement **together** with the information and registration form(s) found in the *Information and Registration Bulletins* and/or provided on each testing program's website (see page 7).

Visit the ETS website at **[www.ets.org/disabilities](http://www.ets.org/disabilities)**  
for the most up-to-date information.

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## GENERAL INFORMATION

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**NOTE:** Test takers requesting accommodations **MUST** complete a *Testing Accommodations Request Form* (see page 9), the appropriate registration form (see page 8) and have their accommodations approved **BEFORE** their test can be scheduled. All forms and documentation must be submitted through ETS Disability Services. Online registration is **NOT** available and accommodations cannot be applied to a test that has already been scheduled. See “How to Request Accommodations” on page 4 for specific steps in the application process and “Deadline for Accommodations Requests” on page 12.

ETS is committed to serving test takers with disabilities or health-related needs by providing services and reasonable accommodations that are appropriate given the purpose of the test. If you have a health-related need that requires you to bring equipment, beverages or snacks into the testing room, or to take extra or extended breaks, you must follow the accommodations request procedures. See “Health-Related Needs and Minor Accommodations” on page 7.

The information provided in this publication, in each program’s Bulletin and on each program’s website should answer any questions you may have about requesting accommodations and registering for a test.

- GRE Program — [www.ets.org/gre](http://www.ets.org/gre)
- *The Praxis Series* Program — [www.ets.org/praxis](http://www.ets.org/praxis)
- School Leadership Series Program — [www.ets.org/sls](http://www.ets.org/sls)
- TOEFL Program — [www.ets.org/toefl](http://www.ets.org/toefl)

If you are planning to take a GRE or TOEFL test, you may want to ask your prospective institution or fellowship sponsor whether it is willing to waive the test requirement and consider your application based on other information.

All questions related to accommodations decisions should be sent to ETS Disability Services. See contact information below.

## CUSTOMER SERVICE

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ETS Disability Services

Monday – Friday 8:30 a.m. – 5 p.m. U.S. Eastern Time (New York)

**Phone:** 1-866-387-8602 (toll-free in the U.S., U.S. Territories and Canada)  
1-609-771-7780 (all other locations)

**Email:** [stassd@ets.org](mailto:stassd@ets.org)

**Mail:** ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054 U.S.A.

**Courier Service:** ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426 U.S.A.

## HOW TO REQUEST ACCOMMODATIONS

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If you have received approved accommodations from ETS within the last two years and your documentation is still current, and you are now requesting the same accommodations for a GRE, *Praxis*, School Leadership Series or TOEFL test during the 2015–16 testing year, refer to “Using Previously Approved Accommodations” on page 11.

For information about requesting accommodations and registering for the ParaPro Assessment, please review the 2015-2016 ParaPro Assessment Information and Registration Bulletin, available at [www.ets.org/parapro/about/downloads](http://www.ets.org/parapro/about/downloads).

If you are requesting accommodations for the first time or are changing either the test you wish to take or the accommodations for which you have previously been approved, **ETS Disability Services must review and approve your request before your test can be scheduled**. Accommodations cannot be applied to a test that has already been scheduled. To request accommodations, follow the steps below:

☐ **STEP 1: Determine your accommodations.**

Look at the list of commonly requested and approved accommodations under “Step 1: Frequently Requested Accommodations” on page 5 and determine the accommodations you need.

☐ **STEP 2: Review the program’s Bulletin and website.**

Review the program’s Bulletin and website for the test you plan to take. See “Step 2: Information and Registration Bulletins” on page 7.

☐ **STEP 3: Choose your test format.**

Check the program’s website for information about which test format is offered in your area (paper-delivered or computer-delivered). See “Step 3: Program Website” on page 8.

☐ **STEP 4: Complete the registration form.**

Complete the appropriate registration form for the test you plan to take. To find out which registration form you need, see “Step 4: Registration Form” on page 8.

☐ **STEP 5: Complete the Testing Accommodations Request Form.**

Complete the *Testing Accommodations Request Form* on pages 14–21. For instructions, see “Step 5: Testing Accommodations Request Form” on page 9.

☐ **STEP 6: Gather your disability documentation.**

Gather disability documentation as necessary. Sending documentation that is not required will delay the review process. See “Step 6: Disability Documentation” on pages 9–10 and review ETS’s “Policy Statements for Disability Documentation in Adolescents and Adults” on the ETS website at [www.ets.org/disabilities/documentation](http://www.ets.org/disabilities/documentation).

☐ **STEP 7: Submit completed forms, documentation and fees.**

Submit all completed forms, appropriate documentation, if required, and the proper fee for the test you are taking. **Failure to include all forms, documentation and the appropriate test fee will cause a delay in processing your request.** See “Step 7: Submitting Your Request to ETS” on pages 10–11.

## STEP 1: FREQUENTLY REQUESTED ACCOMMODATIONS

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**NOTE:** The list below includes some of the most commonly requested and approved accommodations. If you would like to request accommodations **other than those listed below**, you must describe them in Part II of the *Testing Accommodations Request Form* on pages 16–17.

### **Extended Testing Time** (all tests are timed)

- 50 percent (time and one-half)
- 100 percent (double time; documentation required)

**Extra Breaks** — breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

### **Accommodations for Computer-delivered Tests Only**

- Ergonomic keyboard
- IntelliKeys keyboard
- Keyboard with touchpad
- Screen magnification
- Selectable foreground and background colors
- Trackball

### **Assistance**

- Reader
- Scribe

#### ***Assistance for Spoken Directions Only***

- Oral interpreter\*
- Sign language interpreter\*
- Printed copy of spoken directions (for paper-delivered tests only)

#### ***Assistance for Note Taking***

- Braille slate and stylus\*\*
- Perkins brailler®\*\*

\*Only applicants who are deaf or hard-of-hearing

\*\*Only applicants who are blind or have low vision

## Alternate Test Formats

- Braille\*
- Large-print test book
- Large-print answer sheet
- Audio recording<sup>1</sup>

### ***For GRE® revised General Test***

- Computer-voiced with tactile figure supplement\*
- Computer-voiced with large-print figure supplement\*

### ***For TOEFL iBT® Test only***

- Listening section omitted\*\*
- Speaking section omitted\*\*\*
- Extended time for spoken responses\*\*\*\*

\* Only applicants who are blind or have low vision

\*\* Only applicants who are deaf or hard-of-hearing

\*\*\* Only applicants who are deaf or hard-of-hearing or have speech disabilities

\*\*\*\* Only applicants who have speech disabilities

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<sup>1</sup> Audiocassette is offered for the GRE revised General Test and TOEFL tests. For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement is provided.

## HEALTH-RELATED NEEDS AND MINOR ACCOMMODATIONS

“Health-related needs” refers to a variety of medical conditions that impact a major life activity, such as those affecting digestion, immune function, respiration, circulation, endocrine functions, etc. Documented health needs include conditions such as diabetes, epilepsy and chronic pain.

Some documented health needs require **only minor accommodations**. Minor accommodations include, but are not limited to: special lighting; adjustable table or chair; extra breaks for medication or snacks; or a separate room if food, beverages or glucose testing materials are necessary during the test session.

If you require minor accommodations, you must submit:

- the **appropriate registration form** from the Registration Bulletin and/or program website for the test that you will be taking (see “Step 4: Registration Form” on page 8)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 5: Testing Accommodations Request Form” on page 9)
- a **letter of support** from a medical doctor or other qualified professional stating the nature of the condition and the reason for the minor accommodation requested (a note on a prescription pad is not acceptable)
- the **appropriate test fee**

Some medical aids do not require approval for accommodations. These aids include, but are not limited to, those that are necessary for you to ambulate (cane, crutches, wheelchair, walker, prosthetic limb, service animal) or communicate (hearing aid, voice amplifier) or those that are otherwise required for health reasons (heart rate monitor). If you require these types of medical aids, you do not need to request accommodations. If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump that is attached to your body plus the transmitter used to program the pump) or your pump is especially noisy. If the pump cannot be silenced and is likely to disturb other test takers, requesting accommodations is a good idea so you can be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require accommodations; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

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## STEP 2: INFORMATION AND REGISTRATION BULLETINS

*Information and Registration Bulletins* are free publications that contain program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information. *Bulletins* are available on each program’s website. Locate and review the *Bulletin* for the test that you will be taking.

- GRE Program — [www.ets.org/gre/bulletinandforms](http://www.ets.org/gre/bulletinandforms)
- *The Praxis Series* Program — [www.ets.org/praxis/bulletinandforms](http://www.ets.org/praxis/bulletinandforms)
- School Leadership Series Program — [www.ets.org/sls/bulletinandforms](http://www.ets.org/sls/bulletinandforms)
- TOEFL Program — [www.ets.org/toefl/bulletinandforms](http://www.ets.org/toefl/bulletinandforms)

## STEP 3: PROGRAM WEBSITE

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Check the program's website for the test that you will be taking for information about which test format is offered in your area (computer-delivered or paper-delivered).

- GRE Program — [www.ets.org/gre](http://www.ets.org/gre)
- *The Praxis Series* Program — [www.ets.org/praxis](http://www.ets.org/praxis)
- School Leadership Series Program — [www.ets.org/sls](http://www.ets.org/sls)
- TOEFL Program — [www.ets.org/toefl](http://www.ets.org/toefl)

## STEP 4: REGISTRATION FORM

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Complete the appropriate registration form (see below). Registration forms can be found in the program *Bulletin* and/or on the program website for the test that you will be taking.

### GRE Tests ([www.ets.org/gre/disabilities](http://www.ets.org/gre/disabilities))

- 2015–16 Computer-delivered GRE® revised General Test Authorization Voucher Request Form for Test Takers with Disabilities or Health-related Needs
- 2015–16 Paper-delivered GRE® revised General Test Registration Form for Test Takers with Disabilities or Health-related Needs\*
- 2015–16 GRE® Subject Tests Registration Form for Test Takers with Disabilities or Health-related Needs

### *The Praxis Series*® Tests

- 2015–16 *The Praxis Series*® Test Authorization Voucher Request Form

### School Leadership Series Assessments

- 2015–16 School Leadership Series Test Authorization Voucher Request Form

### TOEFL Tests

- 2015–16 TOEFL iBT® Registration Form for Test Takers with Disabilities or Health-related Needs
- 2015–16 TOEFL® Paper-delivered Test Registration Form for Test Takers with Disabilities or Health-related Needs\*\*

\* This form is to be used only in parts of the world where the iBT GRE revised General Test is not available.

\*\* This form is to be used only in parts of the world where the computer-delivered iBT TOEFL Test is not available.



## STEP 5: TESTING ACCOMMODATIONS REQUEST FORM

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The *Testing Accommodations Request Form* is on pages 14–21.

### **Part I — Applicant Information** (pages 14–15)

Complete this section and sign the Applicant’s Verification Statement, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years.

### **Part II — Accommodations Requested** (pages 16–17)

Complete this section, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years. If you are requesting accommodations other than those listed in Part II, you must describe them under “Other Accommodations.”

### **Part III — Certification of Eligibility: Accommodations History (COE)** (pages 18–21)

All test takers are requested to submit a Certification of Eligibility: Accommodations History as verification of their use of accommodations in employment or post-secondary education within the past three years. (If you have been approved by ETS within the past two years for the same accommodations that you are currently requesting on the same test, you do NOT need to submit a Certification of Eligibility: Accommodations History.)

In some instances, the Certification of Eligibility: Accommodations History is sufficient to document a disability and can be used in place of full documentation. See page 18 for details. The authorized person submitting the Certification of Eligibility: Accommodations History must certify that the documentation on file meets the ETS Documentation Criteria on page 18. ETS reserves the right to request the actual documentation.

## STEP 6: DISABILITY DOCUMENTATION

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**DO NOT** send documentation if you are not required to do so. Once documentation has been submitted and reviewed, all decisions are based on the documentation. If documentation is not needed, submitting it will delay the review process. **An Individualized Education Program (IEP) or 504 Plan alone may not be used.**

***All applicants must submit the Testing Accommodations Request Form. In addition, you must submit disability documentation if:***

- you are requesting accommodations other than 50 percent (time and one-half) and/or extra breaks; or
- you indicate in Part I of the *Testing Accommodations Request Form* that you have a physical disability or a psychiatric condition, or you check “Other” under “Nature of your disability;” or
- you were first diagnosed with a disability within the past 12 months; or
- you are requesting accommodations that are different from those that ETS approved for you within the last two years, or you are requesting those same accommodations but for a different test; or
- you have not previously used the accommodations you are now requesting; or
- you have a sensory disability and your accommodations request does NOT match the specifications that follow; or
- you are unable to submit a Certification of Eligibility: Accommodations History.

**If you are blind or legally blind**, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- Screen magnification
- Selectable background and foreground colors
- Braille
- Large print (test book and/or answer sheet)
- Computer-voiced (GRE revised General Test only)
- Audiocassette or CD recording
- Reader
- Scribe
- Braille slate and stylus
- Perkins brailler®
- 50 percent extended time (time and one-half)
- Extra breaks

**If you are blind or legally blind**, a request for 100 percent extended time (double time) does not require documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting braille, a reader, audio recording or the computer-voiced GRE revised General Test.

**If you have low vision or some other condition that affects visual functioning**, such as an eye coordination disorder, please refer to the “Policy Statement for Documentation of Blindness and Low Vision in Adolescents and Adults” on the ETS website at [www.ets.org/disabilities/documentation](http://www.ets.org/disabilities/documentation).

**If you are deaf or hard-of-hearing**, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- Listening section omitted (TOEFL iBT and paper-delivered test)
- Speaking section omitted (TOEFL iBT test only)
- 50 percent extended testing time (time and one-half)
- Extra break(s)
- Printed copy of spoken directions
- Sign language interpreter (for check-in assistance and spoken directions only)
- Oral interpreter (for check-in assistance and spoken directions only)

## STEP 7: SUBMITTING YOUR REQUEST TO ETS

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Requests for testing accommodations may be submitted via mail or email. Be sure to include all of the documents listed below. **An incomplete application will cause a delay in processing your request.**

- **Appropriate registration form** from the *Registration Bulletin* and/or program website for the test that you will be taking (see “Step 4: Registration Form” on page 8)
- **Testing Accommodations Request Form** (see “Step 5: Testing Accommodations Request Form” on page 9)
- **Disability documentation**, including Parts 1, 2 and 3 of the “Policy Statement for Documentation of Blindness and Low Vision in Adolescents and Adults,” if applicable (see “Step 6: Disability Documentation” on pages 9–10)
- **Appropriate test fee**

### Submitting Requests by Mail or Courier Service

**Mail:** ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054 U.S.A.

**Courier Service:** ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426 U.S.A.

## Submitting Requests via Email

Requests for testing accommodations can be emailed to **disability.reg@ets.org**.

Do not submit requests to the Customer Service email listed on page 3. Requests submitted to that email address will not be processed.

**IMPORTANT NOTE:** If you email your documents, do not include credit card information on your registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

To email your request:

- Download and print the appropriate registration form for your program
- Download this Bulletin Supplement and print the Testing Accommodations Request Form (pages 14-21)
- Complete all documents
- Scan the registration form, the testing accommodations request form, and disability documentation (if required)
- Attach all documents to email
- Send email to **disability.reg@ets.org**

## USING PREVIOUSLY APPROVED ACCOMMODATIONS

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If you have received approved accommodations from ETS within the last two years and your documentation is still current, you may request the same accommodations for a GRE, TOEFL or *Praxis* test, or School Leadership Series assessment, during the 2015–16 testing year. If you are registering for a different test, the accommodations ETS previously approved for you within the last two years will be approved again if they are appropriate for the current test.

To register, submit:

- the **appropriate registration form** from the *Registration Bulletin* and/or program website for the test that you will be taking (see “Step 4: Registration Form” on page 8)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 5: Testing Accommodations Request Form” on page 9); be sure to indicate the previous test name and test date
- the **appropriate test fee**

## PREVIOUSLY APPROVED ACCOMMODATIONS FOR *PRAXIS* TESTS

You can register for a *Praxis* test by calling Disability Services if you meet the following conditions.

- ETS has approved accommodations for you within the last two years for a *Praxis* test
- you are requesting the same accommodations for a *Praxis* test
- your documentation meets current ETS documentation criteria

See page 3 for contact information.

## HOW TO REGISTER ONCE YOUR REQUEST IS APPROVED

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ETS will send you an authorization letter confirming the accommodations that have been approved.

- **Computer-delivered Testing**  
The authorization letter will include instructions that you must follow to schedule your test. Do not schedule to take a computer-delivered test until you receive your authorization letter. When scheduling your test, be prepared to provide the authorization/voucher number and the information contained in the letter.
- **Alternate test Formats (GRE revised General Test, *Praxis* and TOEFL tests and School Leadership Series assessments only)**  
A representative from ETS Disability Services will contact you to confirm the accommodations approved for you and to schedule your test.
- **Paper-delivered Testing (including GRE Subject Tests in alternate test format)**  
When you receive your authorization letter, you are registered. The authorization letter will identify the testing location and test administrator. If the testing center cannot accommodate your request on the scheduled testing date, you will be contacted by the test administrator to arrange an alternate test date.

## DEADLINE FOR ACCOMMODATIONS REQUESTS

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Your request for accommodations should be submitted as early as possible, especially if you are requesting an alternate test format. Documentation review takes approximately six weeks once your request and complete paperwork have been received at ETS. If additional documentation must be submitted, it can be another six weeks from the time the new documentation is received until the review is complete.

ETS is committed to producing alternate test formats as quickly as possible; however, production times may vary. Check the *Information and Registration Bulletin* and/or program website for the test you plan to take and the test dates so you can plan accordingly.

## REQUESTS TO CHANGE OR CANCEL TESTS

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For program policies regarding requests to change or cancel tests, see the *Information and Registration Bulletin* and/or program website for the test you plan to take. Rescheduling is permitted within the same testing year.

If you are scheduled to take a computer-delivered test at a Prometric center, you may change or cancel your test by calling Prometric at 1-800-967-1139. For all other computer-delivered testing, contact ETS Disability Services. See page 3 for contact information.

## TEST PREPARATION

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For test preparation information, go to the testing program’s website for the test that you will be taking and go to “Prepare for the Test.”

- GRE Program — [www.ets.org/gre/prepare](http://www.ets.org/gre/prepare) and [www.ets.org/gre/subject/prepare](http://www.ets.org/gre/subject/prepare)
- *The Praxis Series* Program — [www.ets.org/praxis/testprep](http://www.ets.org/praxis/testprep)
- School Leadership Series Program — [www.ets.org/sls](http://www.ets.org/sls)
- TOEFL Program — [www.ets.org/toefl](http://www.ets.org/toefl)

If you need preparation materials in an alternate format, contact ETS Disability Services. See page 3 for contact information.

Test takers are advised to consult ETS’s “Tips for Test Takers with Disabilities,” which is available online at [www.ets.org/disabilities/tips](http://www.ets.org/disabilities/tips).

## SCORING AND REPORTING

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Test takers who are blind can contact ETS Disability Services by phone for their test scores. See page 3 for contact information.

### ***TOEFL iBT* AND PAPER-DELIVERED TESTS**

If the Listening section is omitted for an applicant who is deaf or hard-of-hearing, no Listening section score or total score will be reported. If the Speaking section is omitted for an applicant who is deaf or hard-of-hearing, or for an applicant with a speech disability, no Speaking section score or total score will be reported. Only scores for the sections that are taken will be reported. The score report will indicate the section or sections not taken by the test taker. No other information will be provided.

# TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information

**Instructions:** Complete this page and sign the Applicant's Verification Statement on page 15.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Applicant's Name** (print your name as it appears on your ID documents — leave one blank box between names)

First Name	M.I.	Last Name

**Address Line 1**

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**Address Line 2**

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City	State or Province

ZIP or Postal Code	Country

Gender	Date of Birth	U.S. Social Security Number
<div style="display: flex; justify-content: space-between;"> <span>Male <input type="checkbox"/></span> <span>Female <input type="checkbox"/></span> </div>	<div style="display: flex; justify-content: space-between;"> <span>Month <input type="text"/></span> <span>Day <input type="text"/></span> <span>Year <input type="text"/></span> </div>	<div style="display: flex; justify-content: space-between;"> <span>(last 4 digits)</span> <span><input type="text"/></span> </div>

Day Phone Number	Evening Phone Number

Fax Number	Email Address

Test/assessment I am applying for: ☐ GRE® ☐ *The Praxis Series*® ☐ School Leadership Series

☐ TOEFL® paper-delivered test ☐ TOEFL iBT® test

Nature of your disability (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Blind or legally blind<br><input type="checkbox"/> Low vision<br><input type="checkbox"/> Deaf<br><input type="checkbox"/> Hard-of-hearing<br><input type="checkbox"/> ADD/ADHD<br><input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical disability (identify condition; must submit documentation)<br><hr/> <input type="checkbox"/> Psychiatric condition (identify condition; must submit documentation)<br><hr/> <input type="checkbox"/> Other (e.g., traumatic brain injury, autism spectrum disorder or other health-related need; must submit documentation)<br><hr/> |
|--|--|

When was your disability first diagnosed? \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of professional's most recent evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

Other than testing accommodations, describe what strategies, devices or medications you ordinarily use to manage your condition:

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(continued on next page)

## TESTING ACCOMMODATIONS REQUEST FORM

### Part I — Applicant Information *(continued)*

**Applicant's Name:**

(please print)	First Name	M.I.	Last Name
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I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting Part III — Certification of Eligibility: Accommodations History, I acknowledge that my request for accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed it. I also understand that ETS does not waive its right to ask the person who completes Part III on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date.

I authorize any person completing Part III on my behalf to release this information to ETS upon ETS's request. I also understand that the documentation in support of my request for accommodations supersedes any information contained in the Certification of Eligibility: Accommodations History. For quality assurance, the Certification of Eligibility: Accommodations History may be subject to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

Signature of Applicant

Date \_\_\_\_\_

**Keep a copy of this completed form for your records.**



# TESTING ACCOMMODATIONS REQUEST FORM

## Part II — Accommodations Requested

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

If you have received ETS approval within the last two years for accommodations identical to those you are requesting now, and your documentation is still current, please indicate the following:

Program: ☐ GRE® ☐ ParaPro ☐ *The Praxis Series*® ☐ School Leadership Series  
☐ TOEFL® paper-delivered test ☐ TOEFL iBT® test

Previous test(s) taken: \_\_\_\_\_ Previous test date(s) (month/year): \_\_\_\_\_  
\_\_\_\_\_

### REQUESTED ACCOMMODATIONS (Check all that apply)

#### Accommodations for Computer-delivered Tests

- ☐ Ergonomic keyboard
- ☐ IntelliKeys keyboard
- ☐ Keyboard with touchpad
- ☐ Screen magnification
- ☐ Selectable background and foreground colors
- ☐ Trackball

#### Alternate Test Formats

- ☐ Braille\*
- ☐ Large-print test book
- ☐ Large-print answer sheet
- ☐ Audio recording<sup>1</sup>
- ☐ Computer-voiced with tactile figure supplement (GRE revised General Test)\*
- ☐ Computer-voiced with large-print figure supplement (GRE revised General Test)\*
- ☐ Listening section omitted (TOEFL iBT and TOEFL paper-delivered tests)
- ☐ Speaking section omitted (TOEFL iBT test only)\*\*
- ☐ Extended time for spoken responses (TOEFL iBT test only)\*\*\*

\* Only applicants who are blind or have low vision

\*\* Only applicants who are deaf or hard-of-hearing or have speech disabilities

\*\*\* Only applicants who have speech disabilities (**NOTE:** Extended time for the TOEFL iBT test generally does not apply to spoken responses. Applicants who need extended time for spoken responses because of a speech disability need to request an alternate test format; see page 6 for alternate test formats offered.)

(continued on next page)

<sup>1</sup> Audiocassette is offered for the GRE revised General Test and TOEFL tests. For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement is provided.



## TESTING ACCOMMODATIONS REQUEST FORM

### Part II — Accommodations Requested (*continued*)

[illegible]

**Assistance (NOTE:** If you are requesting a reader and/or a scribe, and your disability is NOT blindness or legal blindness, you must submit documentation for review.)

- ☐ Reader
- ☐ Scribe
- ☐ Braille slate and stylus (for note taking only)\*
- ☐ Perkins brailler (for note taking only)\*
- ☐ Sign language interpreter (for check-in assistance and spoken directions only)\*\*
- ☐ Oral interpreter (for check-in assistance and spoken directions only)\*\*
- ☐ Printed copy of spoken directions (for paper-delivered tests only)

**Extended Testing Time (NOTE: All tests are timed; if you are requesting more than 50 percent extended time, documentation must be submitted.)**

- ☐ 50 percent (time and one-half)      ☐ 100 percent (double time)

## Extra Breaks

- ☐
- Yes

**Other Accommodations.** If you are requesting accommodations other than those listed above (e.g., separate testing room or use of a calculator), please describe them below and submit appropriate documentation. **NOTE:** If you are requesting a large-print paper test as an accommodation on a test that is ordinarily computer-delivered, please indicate here.

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\* Only applicants who are blind or have low vision

**\*\* Only applicants who are deaf or hard-of-hearing**

# TESTING ACCOMMODATIONS REQUEST FORM

## Part III — Certification of Eligibility: Accommodations History

Applicant's Name: \_\_\_\_\_  
(please print)      First Name      M.I.      Last Name

A completed Certification of Eligibility: Accommodations History will only be considered in place of disability documentation from qualified applicants with

1. learning disabilities and/or ADHD, who are requesting only **50 percent extended time** and/or **additional breaks**; or
2. visual impairments or hearing losses, who are requesting those accommodations listed on page 10 for these conditions.

For any other accommodations (double time, separate room, reader, etc.) applicants must submit disability documentation directly to ETS for review.

This form **must** be completed and signed by an authorized professional representing one of the following:

- Office of Disability Services at test taker's college or university
- Human Resources office at test taker's place of employment
- Department of Vocational Rehabilitation (DVR) office in test taker's state of residence

**Forms completed and signed by a member of the applicant's family, or by the licensed and/or certified professional who diagnosed the disability, will not be considered.**

### DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY

The authorized professional should complete Part III only if able to initial points a and b below.

- a) \_\_\_\_\_ the documentation on file for the applicant is current according to the currency criteria set forth at **[www.ets.org/disabilities](http://www.ets.org/disabilities)**, meets all other ETS Documentation Criteria set forth below and supports the need for each of the requested accommodations; **and**
- b) \_\_\_\_\_ the applicant is currently using these accommodations (or has used them within the past three years) based on the stated disability at a college/university, at a place of employment or in conjunction with vocational rehabilitation services.

### ETS Documentation Criteria

Documentation on file for the applicant **must**:

- **be typed or printed on official letterhead** and **be signed** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization)
- **clearly state the diagnosed disability or disabilities**
- **describe the functional limitations** resulting from the disability or disabilities
- **be current** — i.e., completed within the last year for psychiatric disabilities and physical disabilities or chronic health conditions; or within the last five years for learning disabilities, ADHD, autism spectrum disorder, and intellectual disabilities. Documentation for traumatic brain injury must have been completed within the past 1 to 3 years, depending on the date of the injury. Please see our policy statement for Documenting Traumatic Brain Injury ([http://www.ets.org/disabilities/documentation/documenting\\_traumatic\\_brain\\_injury/](http://www.ets.org/disabilities/documentation/documenting_traumatic_brain_injury/)) for details. (Note that this recency requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.)
- **include complete educational, developmental and medical history** relevant to the disability for which accommodations are being requested
- **include a list of all test instruments** used in the evaluation report and relevant subtest scores used to document the stated disability; all test instruments must have adult norms (for physical or sensory disabilities of a permanent or unchanging nature, a list of all test instruments is not required)
- **describe the specific accommodation(s) requested**
- **adequately support each requested accommodation**

(continued on next page)

# TESTING ACCOMMODATIONS REQUEST FORM

### Part III — Certification of Eligibility: Accommodations History *(continued)*

**Applicant's Name:**

(please print)			
	First Name	M.I.	Last Name

Provide the following information regarding the disability documentation on file:

1. Name and credentials of professional who administered the most recent evaluation.
2. Date of professional's most recent evaluation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year
3. Applicant's diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted:  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

4. Has the applicant received accommodations within the past three years in college and/or employment?
- ☐ Yes      ☐ No

If yes, please check the accommodations received:

## Accommodations for Computer-delivered Tests

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Ergonomic keyboard   | <input type="checkbox"/> Keyboard with touchpad                      | <input type="checkbox"/> Screen magnification |
| <input type="checkbox"/> IntelliKeys keyboard | <input type="checkbox"/> Selectable background and foreground colors | <input type="checkbox"/> Trackball            |

## Alternate Test Formats

- ☐ Braille
- ☐ Large-print test book
- ☐ Large-print answer sheet
- ☐ Audio recording
- ☐ Computer-voiced with tactile figure supplement
- ☐ Computer-voiced with large-print figure supplement
- ☐ Listening section omitted
- ☐ Speaking section omitted
- ☐ Extended time for spoken responses

(continued on next page)

# TESTING ACCOMMODATIONS REQUEST FORM

## Part III — Certification of Eligibility: Accommodations History (*continued*)

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

**Assistance** (**NOTE:** If the applicant is requesting a reader and/or a scribe, and the applicant's disability is NOT blindness or legal blindness, documentation must be submitted for review.)

- |   |  |
|---|--|
| <input type="checkbox"/> Reader                   | <input type="checkbox"/> Sign language interpreter         |
| <input type="checkbox"/> Scribe                   | <input type="checkbox"/> Oral interpreter                  |
| <input type="checkbox"/> Braille slate and stylus | <input type="checkbox"/> Printed copy of spoken directions |
| <input type="checkbox"/> Perkins braille          |  |

**Extended Testing Time** (**NOTE:** All tests are timed; if applicant is requesting more than 50 percent extended time, documentation must be submitted).

- |   |  |
|---|--|
| <input type="checkbox"/> 50 percent (time and one-half) | <input type="checkbox"/> 100 percent (double time) |
|---|--|

### Extra Breaks

- ☐ Yes

**Other Accommodations.** If the applicant uses accommodations other than those listed above and on the previous page (e.g., separate room or calculator), please describe them below:

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5. During what period of time has the applicant used the above accommodations?

From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

6. Where has the applicant used the accommodations?

- ☐ College/university
- ☐ Place of employment
- ☐ Other (indicate): \_\_\_\_\_

All requests for accommodations are subject to approval by ETS and must meet ETS's Documentation Criteria on page 18. For more detailed information and the policy statements for documentation of learning disabilities (LD); attention-deficit hyperactivity disorder (ADHD); visual impairments; hearing loss; physical and psychiatric disabilities; and autism spectrum disorder, please visit **[www.ets.org/disabilities](http://www.ets.org/disabilities)**.

(continued on next page)

# TESTING ACCOMMODATIONS REQUEST FORM

## Part III — Certification of Eligibility: Accommodations History (continued)

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

### Authorized Professional's Verification Statement

To be signed by an authorized person in the Office of Disability Services, a Human Resources counselor at place of employment or a Vocational Rehabilitation counselor. **NOTE:** The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated in Part III are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the Educational Testing Service (ETS) Documentation Criteria (including ETS policy statements and guidelines about LD, ADHD and psychiatric disabilities, if applicable), and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office. For quality assurance, Part III — Certification of Eligibility: Accommodations History may be subject to an audit resulting in a review of the actual disability documentation on file.

In the event that ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand that if ETS determines at any time that the applicant's documentation does not meet ETS's Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

\_\_\_\_\_  
Signature of Authorized Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution/Agency/Place of Employment

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Email Address

Attach Business Card Here

## GLOSSARY

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**ADHD:** Attention-deficit hyperactivity disorder. A persistent pattern of inattention and/or hyperactivity that is more frequent and severe than is typically observed in individuals with comparable levels of development.

**Alternate format:** Test format other than the one in which the test is usually delivered; examples include large print, braille and audio recording.

**Braille slate and stylus:** A device that enables a braille user to manually emboss braille dots onto paper. Only available for applicants who are blind or have low vision.

**Certification of Eligibility: Accommodations History:** A verification statement signed by an authorized professional who verifies the applicant's accommodations history and certifies that there is documentation on file that meets the ETS Documentation Criteria.

**Computer-voiced with tactile figure supplement:** A test taken on computer that provides synthetic speech and keyboard navigation for test takers who are blind or have low vision. A raised-line figure supplement with labeling in braille is provided for graphics. Available only for applicants who are blind or have low vision for the GRE revised General Test in the U.S. only.

**Computer-voiced with large-print figure supplement:** A test taken on computer that provides synthetic speech and keyboard navigation for test takers who are legally blind or have low vision. A large-print figure supplement is provided. Available only for applicants who are legally blind or have low vision for the GRE revised General Test in the U.S. only.

**Ergonomic keyboard:** A computer keyboard designed to minimize muscle strain and related problems.

**Extra breaks:** Breaks other than regularly scheduled breaks that are not included in the testing time. Extra breaks can be taken as needed for snacks, beverages, medication, restroom trips, etc.

**Extended testing time:** Extra time to take the test. The amount of extended testing time is correlated to the test taker's disability or functional limitations. Fifty percent extended testing time is time and one-half; 100 percent extended time is double time (documentation is required for 100 percent extended time or more).

**iBT:** Tests delivered via the Internet; a specific ETS test platform used for some ETS tests.

**IntelliKeys keyboard:** A programmable alternative keyboard that enables users with physical and/or visual disabilities to easily type, enter numbers, navigate on-screen displays and execute menu commands.

**Keyboard with touchpad:** A standard computer keyboard with a built-in touchpad. The touchpad allows the user the option of either using no external mouse or using a secondary pointing device.

**Large-print answer sheet:** An answer sheet for multiple-choice questions with large blocks that the test taker can mark with X's, rather than smaller boxes or ovals that need to be filled in.

**Large-print figure supplement:** A set of enlarged figures, primarily for test takers with low vision who are taking the test in an audio format.

**LD:** Learning disability.

**Minor accommodations:** Accommodations that do not affect the test delivery or response, such as a footstool, earplugs, a special chair/desk or a cushion.

**Oral interpreter:** A trained interpreter who silently mouths speech for a deaf or hard-of-hearing test taker who is able to speech read. An oral interpreter may also use facial expressions and gestures and may paraphrase the language used by the speaker. This accommodation is provided for spoken directions and check-in procedures only and is available only for applicants who are deaf or hard-of-hearing.

**Paper-delivered test:** Any test that is ordinarily given on paper rather than on computer, or offered as an accommodation for a computer-delivered test.

**Perkins braille:** A braille typewriter with a key corresponding to each of the six dots of the braille code. It is permitted for note taking only. Available only for applicants who are blind or have low vision.

**Printed copy of spoken directions:** For paper-delivered tests only. (All directions are provided on screen for computer-delivered tests.)

**Reader:** A person who reads the test aloud to the test taker. Typically for an individual with learning disabilities or traumatic brain injury or a test taker who is blind or has low vision. A reader reads the test directions, questions and answer choices to the test taker. A reader does not interpret, reword or explain the test, though the reader may repeat test content at the test taker's request.

**Screen magnification:** Enlarging the size of everything displayed on the computer screen.

**Scribe:** A person who writes down, or otherwise records, the test taker's responses. The scribe does not correct spelling, create answers for the test taker or help the test taker identify correct answers. The scribe simply writes the test taker's answers down on the test or answer sheet or types them into a computer.

**Selectable background and foreground colors:** A feature on computer-delivered tests that permits the test taker to select the colors of the background and the text to improve contrast and minimize eyestrain.

**Sign language interpreter:** An individual who communicates with the test taker using sign language. Available only for applicants who are deaf or hard-of-hearing, for spoken directions and check-in procedures only.

**Spellchecker:** An ETS-approved spellchecker is a simple hand-held device that is sent prior to the test date to test takers who qualify for this accommodation. It is NOT the standard software spellchecker included in programs such as Microsoft® Word.

**Tactile figure supplement:** A raised-line figure supplement to enable a test taker who is blind or has low vision to feel the figures. The figure supplement is labeled in braille.

**Trackball:** A pointing device consisting of a ball held by a socket containing sensors to detect a rotation of the ball. The user rolls the ball with the thumb, fingers or palm of the hand to move a pointer or cursor on the screen. Used as an alternative to a mouse.

**Traumatic brain injury (TBI):** Typically results from a violent blow or jolt to the head. The term TBI is often used synonymously with the term "head injury."



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