



REQUEST FOR TESTING ACCOMMODATIONS PHYSICAL/CHRONIC HEALTH DISABILITY

To be completed by Chief Examiner.
[] []
Test-Taker's Last 4 SSN/SIN

SECTION ONE: TO BE COMPLETED BY THE GED® TEST-TAKER

Complete all information and sign the release statement at the end of this section. After Sections 1, 3 and 4 are complete, submit this form to the Chief Examiner at the testing center where you plan to take the GED® Tests. The Chief Examiner will review the form and your documentation and let you know if additional information is required.

Test-Taker Name: _____

**Social Security/
Social Insurance Number:** _____ **Date of Birth:** _____ **Age:** _____
MM DD YYYY

Address:

STREET (NUMBER AND NAME) APARTMENT NUMBER PO BOX

CITY STATE/PROVINCE/TERRITORY ZIP/POSTAL CODE

Phone Number: _____
AREA CODE

E-mail Address: _____

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 under 18): _____

Signature: _____ **Date:** _____

SECTION TWO: TO BE COMPLETED BY THE GED® CHIEF EXAMINER

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.

Chief Examiner Name: _____

Center Name: _____

Center ID:
[] [] [] [] [] [] [] [] [] []
10-DIGIT NUMBER

Phone Number: _____ **Fax Number:** _____
AREA CODE AREA CODE

E-mail Address: _____

I have reviewed this request form. The request form is complete and all required documentation is attached.

GED® Chief Examiner's Signature: _____ **Date:** _____

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SECTION THREE: TO BE COMPLETED BY THE PROFESSIONAL DIAGNOSTICIAN OR ADVOCATE

Supporting documentation must be attached to this request form. Documentation must include a detailed letter or report, on official letterhead, signed by a professional who is qualified to diagnose the disability. Requests that are based on long-term but not permanent disabilities must also include documentation that explains the expected duration of the functional limitations. Documentation is current if the assessment and testing was completed within the last twelve (12) months.

Documentation must:

- 1) Include a clear diagnosis
- 2) Document the history of impairment
- 3) Provide information on current functional limitations that might affect the test-taker's ability to take the GED® Tests under standard conditions
- 4) Confirm that the symptoms are not due to other disorders, such as a learning disability or ADHD
- 5) Provide a specific rationale for each requested accommodation

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____

Expiration Date: _____ **Issuing State/Province/Territory:** _____

Phone Number: _____
AREA CODE

E-mail Address: _____

Diagnosing Professional's Signature: _____ **Date:** _____

An Advocate is someone other than the professional diagnostician, like a teacher, nurse, or therapist, who helps the test-taker complete the forms. If you are the Advocate, transfer the above information from the documentation and provide your information below.

Name of Advocate: _____

Relationship to Test-Taker: _____

Phone Number: _____
AREA CODE

Advocate's Signature: _____ **Date:** _____

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SECTION THREE (CONTINUED): TO BE COMPLETED BY THE PROFESSIONAL DIAGNOSTICIAN OR ADVOCATE

DIAGNOSIS(ES)

- Visual Impairment. Specify: _____
- Hearing Impairment. Specify: _____
- Mobility Impairment. Specify: _____
- Other Physical Impairment. Specify: _____

SECTION FOUR: TO BE COMPLETED BY THE PROFESSIONAL DIAGNOSTICIAN OR ADVOCATE AND THE TEST-TAKER

REQUESTED ACCOMMODATIONS

- 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.)
- Private Room
- Supervised Breaks: 30 minutes testing/5 minutes break
- Supervised Breaks: 45 minutes testing/10 minutes break
- Audiocassette with Extended Time: Standard time + 50% (total: 10 hr. 38 min.)*
- Audiocassette with Extended Time: Standard time + 100% (total: 14 hr. 10 min.)*
- Braille
- Scribe*
- Calculator for Part II of the Mathematics Test
- Talking Calculator for the entire Mathematics Test*
- Other: _____

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

ADDITIONAL INFORMATION

You may note any information for consideration that is not addressed elsewhere on the request form or included in the attached supporting documentation. This section can not be completed in place of attaching the required supporting documentation.



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SECTION FIVE: TO BE COMPLETED BY THE GED® ADMINISTRATOR

Please review the form to be certain that all sections are complete and that all supporting documentation is included. If the request is incomplete, please indicate all missing information below, sign the form and return it to the GED® Chief Examiner.

GED® Administrator's Signature: _____ **Date:** _____

Once the form is fully complete and the required supporting documentation is included, review the request per GED Testing Service guidelines.

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.)

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

- Audiocassette with Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- Audiocassette with Extended Time: Standard time + 100% (total: 14 hr. 10 min.)

- Braille
- Scribe
- Calculator for Part II of the Mathematics Test
- Talking Calculator for the entire Mathematics Test
- Other: _____
- Private Room (due to approval of Audiocassette/Scribe/Talking Calculator)

If you are not able to make a determination based on the guidelines, or for any other reason, please forward the request form and supporting documentation to GED Testing Service for expert review. Please indicate the reason(s) for forwarding the request:

GED® Administrator's Signature: _____ **Date:** _____

Phone Number: _____
AREA CODE

E-mail Address: _____

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