



REQUEST FOR TESTING ACCOMMODATIONS LEARNING AND OTHER COGNITIVE DISABILITIES

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 the section. Make sure that Sections 1, 3, and 4 are complete before you submit the 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 (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

The professional diagnostician or the advocate may complete this section. **Supporting documentation must be attached to this request form.** Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the test-taker's ability to take the GED® Tests under standard conditions. **Documentation is current if the assessment and testing was completed within the last five (5) years.**

Documentation must:

- 1) Include a clear diagnosis
- 2) Include results from specific objective tests of intelligence and academic achievement (acceptable tests listed below)
- 3) Document the history of impairment
- 4) Confirm that the underachievement is not due to other disorders (such as an emotional disorder or a physical disorder), or English-as-a-second-language (ESL) factors
- 5) Provide information on current functional limitations that are likely to affect the test-taker's ability to take the GED® Tests under standard conditions
- 6) 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
MEASURES OF INTELLIGENCE

Only one (1) complete measure is required. Indicate the date that the assessment was administered.

Note: IQ screening measures (e.g., WASI, K-BIT, etc.) and older editions of the WAIS are NOT acceptable.

Acceptable Measures of Intelligence

- Wechsler Adult Intelligence Scale-IV (WAIS-IV)
- Wechsler Adult Intelligence Scale-III (WAIS-III) *Note: only if administered on or before December 31, 2010.*
- Wechsler Intelligence Scale for Children-IV (WISC-IV)
- Stanford-Binet Intelligence Scales-5th ed. (SB-5)
- Woodcock-Johnson Psychoeducational Battery-III General Intellectual Ability (WJ-III GIA)
- Reynolds Intellectual Assessment Scales (RIAS)
- Kaufman Adolescent and Adult Intelligence Test (KAIT)

WAIS-IV Date: ____ / ____ / ____ Full-scale IQ: _____ Working Memory Index: _____
 Processing Speed Index: _____ Verbal Comprehension Index: _____ Perceptual Reasoning Index: _____

WAIS-III Date: ____ / ____ / ____ Verbal IQ: _____ Performance IQ: _____ Full-scale IQ: _____
Note: WAIS-III results will only be accepted if the battery was administered on or before December 31, 2010.

WISC-IV Date: ____ / ____ / ____ Full-scale IQ: _____ Working Memory Index: _____
 Processing Speed Index: _____ Verbal Comprehension Index: _____ Perceptual Reasoning Index: _____

Stanford-Binet Intelligence Scales-5th ed. (SB-5)
 Date: ____ / ____ / ____ Test Composite (Standard Score): _____

WJ-III Cognitive Date: ____ / ____ / ____ GIA Score (Standard Score): _____

Reynolds Intellectual Assessment Scales (RIAS)
 Date: ____ / ____ / ____ Composite Intelligence Index: _____

Kaufman Adolescent and Adult Intelligence Test (KAIT)
 Date: ____ / ____ / ____ Composite Intelligence Index: _____

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

MEASURES OF ACADEMIC ACHIEVEMENT

Multiple measures of academic achievement must be administered. Two (2) or more achievement tests must be administered in each area that is claimed to be impaired (reading, written language, or mathematics). We encourage timed as well as untimed testing in each academic area, although this is not required. Indicate the date(s) of the assessments and include standard scores.

Acceptable Measures of Academic Achievement (acceptable subtests listed below)

- Woodcock-Johnson Psychoeducational Battery-III (WJ-III) Tests of Achievement
- Wechsler Individual Achievement Test-II or III (WIAT-II or WIAT-III)
- Peabody Individual Achievement Test-R/NU (PIAT-R/NU)
- Wide Range Achievement Test-4 (WRAT-4)
- Kaufman Tests of Educational Achievement-II (KTEA-II)
- Nelson-Denny Reading Test (Forms G or H)
- Scholastic Abilities Test for Adults (SATA)
- Gates-MacGinitie Reading Test (Level AR)
- Gray Oral Reading Test-4 (GORT-4); for test-takers <18 years old only
- Test of Adolescent & Adult Language-4 (TOAL-4)
- Test of Written Language-4 (TOWL-4)

Reading Achievement (untimed)	Reading Achievement (timed)
Date _____ / _____ / _____	Date _____ / _____ / _____
WJ-III Letter-Word Identification _____	WJ-III Reading Fluency _____
WJ-III Passage Comprehension _____	Nelson-Denny Vocabulary _____
WJ-III Word Attack _____	Nelson-Denny Comprehension _____
WIAT-II / WIAT-III Word Reading _____	SATA Reading Vocabulary _____
WIAT-II / WIAT-III Pseudoword Decoding _____	SATA Reading Comprehension _____
WIAT-II / WIAT-III Reading Comprehension _____	Gates-MacGinitie Reading Vocabulary _____
PIAT-R/NU Reading Recognition _____	Gates-MacGinitie Reading Comprehension _____
PIAT-R/NU Reading Comprehension _____	GORT-4 Oral Reading Quotient _____
WRAT-4 Reading _____	KTEA-II Word Recognition Fluency _____
KTEA-II Letter & Word Recognition _____	
KTEA-II Reading Comprehension _____	
KTEA-II Nonsense Word Decoding _____	

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

DIAGNOSED DISABILITY(IES)

Select all appropriate diagnosed disabilities.

- Reading Disability
- Written Language Disability
- Mathematics Disability
- Other Cognitive Disabilities (specify diagnosis): _____

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.)
- 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.)*
- 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.)
- 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.)
- 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 GED Testing Service guidelines, or for any other reason, please forward the request form and all 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: _____