SECTION 1: CANDIDATE’S IDENTIFYING INFORMATION:

Complete all information. Make sure that all sections are complete before you submit the form.

First Name: ____________________________ Last Name: ____________________________

ID Number: ____________________________ Date of Birth: _____ / _____ / ________ Age: ________

Address: ________________________________________________________________

City: ____________________________ State/Province/Territory: ________ ZIP/Postal Code: ________

Phone Number: (_____ )_______ - ________ Email: ____________________________

Additional person(s) you permit GED Testing Service® Accommodations Team to discuss/contact on your behalf regarding this request.

Name: ____________________________ Relationship: ____________________________

Phone Number: _______________________ Email: ____________________________

Dates this authorization is valid from: ____________________________ to ____________________________

Candidate’s Signature: ____________________________ Date: __________________

If you are under 18, a parent or guardian must also sign.

Parent/Guardian’s Name (if Candidate is under 18): ____________________________

Parent/Guardian’s Signature (if Candidate is under 18): ____________________________ Date: _______
SECTION 2: REQUESTED ACCOMMODATIONS:

Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: ______________________________________________
Rationale: ____________________________________________________

Accommodation: ______________________________________________
Rationale: ____________________________________________________

Accommodation: ______________________________________________
Rationale: ____________________________________________________

Accommodation: ______________________________________________
Rationale: ____________________________________________________

Accommodation: ______________________________________________
Rationale: ____________________________________________________

Accommodation: ______________________________________________
Rationale: ____________________________________________________
Name of the disorder(s) for which test accommodations are requested:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date(s) of assessment: __________________________________________________________________________

Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last five (5) years.

Documentation should:
1. Include a clear diagnosis
2. Include results from objective tests of intelligence and academic achievement (Please refer to our “Commonly Used Intellectual and Academic Assessments” reference for more information).
3. Document the history of impairment
4. Confirm that the underachievement is not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second-language (ESL) factors
5. Provide information on current functional limitations that are likely to affect the candidate’s ability to take the test under standard conditions
6. Provide a specific rationale for each requested accommodation

Detailed documentation guidelines for Intellectual Disabilities can be found on-line at: http://www.gedtestingservice.com/accommodations, follow the link to “All US Test-Takers”, and click on the “Evaluators: LCD* (PDF)”, link under “Supporting Documentation”.

FAX accommodation requests to: 1-202-464-4894

Questions? Email us: accommodations@gedtestingservice.com