





# Request for Testing Accommodations Attention-Deficit/Hyperactivity Disorder

To be completed by Chief Examiners.  
Candidate's Last 4 SSN/SIN

## Section 3A: Attention-Deficit/Hyperactivity Disorder

### Attention-Deficit/Hyperactivity Disorder (ADHD)

To request accommodations for ADHD, the current level of impairment and resulting functional limitations must be clearly documented, as well as the history of those impairments and limitations. **Documentation must include a letter on official letterhead, signed by a psychiatrist, medical doctor, or psychologist who specializes in the diagnosis of ADHD, stating the diagnosis of ADHD and providing supporting diagnostic evidence of this disability.**

Diagnostic evidence may include a developmental history that defines symptom onset, as well as the results from a specific test of attention such as the TOVA Gordon Diagnostic Battery or the CPT (Connors' Continuous Performance Test).

Information presented must clearly document how the ADHD substantially limits the candidate's current ability to take the GED Tests under standard conditions, and identify the accommodations that are requested in light of those limitations. Further, the documentation must confirm that the ADHD symptoms are not due to other emotional/mental health factors. A DSM-IV diagnosis must be included with the certifying professional's or advocate's signature attesting to the diagnosis of ADHD.

Supporting documentation on professional diagnostician's letterhead attached. (Required.)

**DSM-IV Diagnosis Code:** Indicate all that apply.

- 314.01 Attention-Deficit/Hyperactivity Disorder Combined Type
- 314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
- 314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulse Type
- 314.9 Attention-Deficit/Hyperactivity Disorder, Not Otherwise Specified

Functional Limitation(s): \_\_\_\_\_

Recommended Accommodation(s): \_\_\_\_\_

Rationale for Accommodation(s): \_\_\_\_\_



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## Section 3B: Requested Accommodations

Please identify those accommodations that support the diagnosed disability.

Extended Time (please specify):     1-1/2 times     2 times     Other: \_\_\_\_\_

Audiocassette (tone-indexed) (requires extended testing time, generally double time)

2 times     Other: \_\_\_\_\_

*The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test, Audiocassette Version prior to the scheduled testing date.*

Braille

Scribe

Calculator for Part II

Talking Calculator for Entire Mathematics Test

Private Room

Supervised Breaks (specify in minutes):

Uninterrupted testing time: \_\_\_\_\_ minutes, break time: \_\_\_\_\_ minutes

Other: \_\_\_\_\_

## Section 3C: Other Information and Supporting Documents

This section may be completed by the candidate or by his or her certifying professional or advocate. Provide any additional information you wish to be considered when this request for accommodations is reviewed.

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General Educational Development (GED) Testing Service will not discriminate against candidates for testing on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, sex, sexual orientation, pregnancy, marital status, physical or mental disability, age, veteran status, and national origin.



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## Section 4: To be completed by GED Administrator

This section should be completed by the GED Administrator after reviewing the request for accommodations to document the outcome of the review.

Approved For:

Extended Time (please specify):  1-1/2 times     2 times     Other: \_\_\_\_\_

Audiocassette (tone-indexed) (requires extended testing time, generally double time)

2 times     Other: \_\_\_\_\_

*The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test, Audiocassette Version prior to the scheduled testing date.*

Braille

Scribe

Calculator for Part II

Talking Calculator for Entire Mathematics Test

Private Room

Supervised Breaks (specify in minutes):

Uninterrupted testing time: \_\_\_\_\_ minutes, break time: \_\_\_\_\_ minutes

Other: \_\_\_\_\_

Returned for more information.

Date Returned: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM    DD    YYYY

Reasons for returning request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request forwarded to GEDTS for review (explain reasons below.)

Date Forwarded: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM    DD    YYYY

Reasons for forwarding request to GEDTS for review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*GED Administrator's Signature*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Date*