



6027

Request for Testing Accommodations Emotional/Mental Health

To be completed by Chief Examiners

Candidate's Last 4 SSN/SIN

Section 3A: Emotional/Mental Health Impairment

To be completed by the professional diagnostician or person helping you complete this form.

To request accommodations for an Emotional/Mental Health disability, the current level of impairment and resulting functional limitations must be clearly documented, as well as any history that can be provided. Documentation should also state a specific recommendation(s) for accommodations and the accompanying rationale.

Documentation must include a letter on official letterhead, signed by a certifying professional who specializes in the diagnosis of the disability, and providing supporting documentation of this disability.

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

DSM-IV Code: _____ Diagnosis: _____

Condition:

Functional Limitations: _____

Recommended accommodation(s): _____

Rationale for accommodation(s): _____

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 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.

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 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