



Request for Testing Accommodations Learning and Other Cognitive Disabilities

To be completed by Chief Examiners

Candidate's Last 4 SSN/SIN

Section 3A: Measurement of Academic Achievement (Standard Scores)

To be completed by the professional diagnostician or advocate.

Date(s) of Assessment(s): / /
MM DD YYYY

Test Used (select one):

WJ-R WJ-III, Ach. WIAT-I WIAT-II

Current Achievement (Include Standard Scores):

Broad Reading: _____	Broad Math: _____
Word Identification: _____	Calculation: _____
Comprehension: _____	Applied Problems: _____
Broad Written Language: _____	Broad Knowledge: _____
Dictation: _____	Skills: _____
Writing Sample: _____	Other: _____

Other Primary Tests Accepted (if Woodcock Johnson or Weschler not used):

PIAT-R/NU PIAT-R K-TEA K-TEA/NU WRMT-R/NU Key Math - R/NU

Current Achievement (Include Standard Scores):

Subtest Name: _____	Subtest Score: _____	Standard Score: _____
Subtest Name: _____	Subtest Score: _____	Standard Score: _____
Subtest Name: _____	Subtest Score: _____	Standard Score: _____
Subtest Name: _____	Subtest Score: _____	Standard Score: _____

This information must be completed by the psychological diagnostician or advocate if the professional is different than the professional listed in section 3.

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician's report if the professional is unavailable or documentation is currently on file with a candidate's school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional's report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate's ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last 5 years. Older documentation will also be considered, however, if that is all that the candidate can provide without undue burden or expense.

Check here if you are also the professional diagnostician listed in Section 3

Please indicate your role: Psychological Diagnostician Advocate

Name of Psychologist (please print): _____

Phone Number: () - FAX Number: () - _____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration: / / State/Province/Territory: _____
MM DD YYYY

Name of Advocate (please print): _____

Relationship to Candidate (please print): _____

Phone Number: () - _____

Psychologist Making Diagnosis or Advocate's Signature: _____

Date: / /
MM DD YYYY



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Section 3C: Diagnosed Disability

The professional diagnostician or advocate must select all appropriate diagnosed disabilities.

Specific Learning Disabilities (check all that apply)

Reading Disability (identify: _____)

Mathematics Disability (identify: _____)

Written Language Disability (identify: _____)

Other cognitive disabilities (list all that apply):

DSM-IV Code(s): _____

Section 3D: 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.

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 3E: 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