



8051

# Request for Testing Accommodations Learning and Other Cognitive Disabilities

To be completed by Chief Examiners

Candidate's Last 4 SSN/SIN

## Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Social Security or Social Insurance Number: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_  
MM DD YYYY  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Release of information:** If you are under 18 years of age, your parent or guardian's signature is also required.

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 the GED Testing Service and its designees in connection with my request for testing accommodations.

\_\_\_\_\_ *Candidate's Signature* \_\_\_\_\_ *Parent or Guardian's Signature (if appropriate)* \_\_\_\_\_ *Date*

## Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: \_\_\_\_\_ 10-Digit Center ID #: \_\_\_\_\_  
 Center Name: \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-mail: \_\_\_\_\_

I have reviewed this application and confirm that it is complete.

\_\_\_\_\_ *GED Chief Examiner's Signature* \_\_\_\_\_ *Date*

## Section 3: To be completed by Professional Diagnostician or Advocate

The professional diagnostician or the advocate may complete this section. 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 condition. For most applicants, documentation is current if completed within the last 5 years. For persons with learning disabilities, GEDTS will also accept as current, documentation that is more than 5 years old if 1) the evaluation was conducted after the applicants 17th birthday, and 2) a certifying professional provides a written statement on that professional's letterhead, stating why s/he believes there has been no change in the learning disability or need for the requested accommodation. However, older documentation will be considered if that is all the candidate can provide without undue burden or expense.

**Please indicate your role:**  Professional Diagnostician  Advocate

Name of Professional Making Diagnosis (please print): \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Assessment: \_\_\_/\_\_\_/\_\_\_  
MM DD YYYY  
 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ *Professional Making Diagnosis or Advocate's Signature:* \_\_\_\_\_

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



# Request for Testing Accommodations Learning and Other Cognitive Disabilities

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## 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):**

<p><b>Broad Reading:</b> _____</p> <p>Word Identification: _____</p> <p>Comprehension: _____</p> <p><b>Broad Written Language:</b> _____</p> <p>Dictation: _____</p> <p>Writing Sample: _____</p>	<p><b>Broad Math:</b> _____</p> <p>Calculation: _____</p> <p>Applied Problems: _____</p> <p><b>Broad Knowledge:</b> _____</p> <p>Skills: _____</p> <p>Other: _____</p>
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**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.**

The professional diagnostician or the advocate may complete this section. 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 condition. For most applicants, documentation is current if completed within the last 5 years. For persons with learning disabilities, GEDTS will also accept as current, documentation that is more than 5 years old if 1) the evaluation was conducted after the applicants 17th birthday, and 2) a certifying professional provides a written statement on that professional's letterhead, stating why s/he believes there has been no change in the learning disability or need for the requested accommodation. However, older documentation will be considered if that is all 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



8051

# Request for Testing Accommodations Learning and Other Cognitive Disabilities

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## Section 3B: Measurement of Potential or Intelligence (Test Scores)

To be completed by the professional diagnostician or advocate.

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

**Test Used:**

WISC-III       WAIS-III

Verbal IQ:                           Performance IQ:                           Full Scale IQ:                     

**Index Scores:**

Working Memory (WMI):                           Processing Speed:                     

Perceptual Organization (POI):                           Verbal Comprehension (VCI):                     

**Subtest Scaled (i.e., Standard) Scores (mean of 10 with range of 1-19):**

Information: <u>                    </u>	Similarities: <u>                    </u>	Object Assembly: <u>                    </u>
Digit Span: <u>                    </u>	Letter-Number Sequencing: <u>                    </u>	Digit Symbol: <u>                    </u>
Vocabulary: <u>                    </u>	Picture Completion: <u>                    </u>	Coding (WISC-III): <u>                    </u>
Arithmetic: <u>                    </u>	Picture Arrangement: <u>                    </u>	Matrix Reasoning (WISC-III): <u>                    </u>
Comprehension: <u>                    </u>	Block Design: <u>                    </u>	Symbol Search: <u>                    </u>

**Test Used:**

SB- IV       SB-V

**Subtest**

**Standard Score**

**Estimated Age Score**

Verbal Reasoning:	<u>                    </u>	<u>                    </u>
Abstract/Visual Reasoning:	<u>                    </u>	<u>                    </u>
Quantitative Reasoning:	<u>                    </u>	<u>                    </u>
Short-Term Memory:	<u>                    </u>	<u>                    </u>
<b>Test Composite:</b>	<u>                    </u>	<u>                    </u>

**Test Used:**

WJ-III, Cog

**Subtest**

**Percentile Rank (Age)**

**Standard Score (Age)**

Verbal Comprehension:	<u>                    </u>	<u>                    </u>
Visual-Auditory Learning:	<u>                    </u>	<u>                    </u>
Numbers Reversed:	<u>                    </u>	<u>                    </u>
Visual Matching:	<u>                    </u>	<u>                    </u>
Sound Blending:	<u>                    </u>	<u>                    </u>
Spatial Relations:	<u>                    </u>	<u>                    </u>
Concept Formation:	<u>                    </u>	<u>                    </u>

GIA Score:



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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.



8051

# Request for Testing Accommodations Learning and Other Cognitive Disabilities

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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*