



63909

Request for Testing Accommodations Physical/Chronic Health Disability

To be completed by Chief Examiners

Candidate's Last 4 SSN/SIN

Section 3A: Physical/Chronic Health Disability

To request accommodations for a Physical/Chronic 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 must include a letter on official letterhead, signed by a qualified professional, stating the diagnosed disability and providing supporting documentation of this disability.

Documentation for those candidates that have a Physical/Chronic Health disability should reflect current functional limitations.

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

Condition:

Visual Impairment - Describe: _____

Hearing Impairment - Describe: _____

Mobility Impairment - Describe: _____

Other Impairment - Describe: _____

Functional Limitations: _____

Recommended Accommodations: _____

Rationale for Accommodations: _____

Section 3B: Requested Accommodations

Please identify those accommodations that support the diagnosed disability.

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

Audiotape (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, Audiotape 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: _____

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