



2007–08
GRE® TOEFL® TSE® THE PRAXIS SERIES™
BULLETIN
SUPPLEMENT
for Test Takers
with Disabilities

This publication contains registration procedures and forms for **GRE, TOEFL, TSE, and THE PRAXIS SERIES**. It should be used in conjunction with the information and registration form(s) provided in the appropriate 2007–08 Program *Bulletin*.

Visit the ETS website at **www.ets.org/disability** for updated information.



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Customer Service

The information provided in this publication and in the 2007-08 *Information and Registration Bulletins* for GRE[®], TOEFL[®], TSE[®] and *The PRAXIS Series*[™] should answer any questions you may have about registering for a GRE, TOEFL, TSE, or PRAXIS test. If you do not have a copy of the appropriate *Bulletin* or require additional information, visit www.ets.org or contact ETS[®] Disability Services.

ETS Disability Services
Monday-Friday
8:30 a.m.–5:00 p.m. EST

Phone: 1-609-771-7780

1-866-387-8602 (toll free for test takers in the U.S., U.S. Territories*, and Canada)

TTY: 1-609-771-7714

Fax: 1-609-771-7165

E-mail: stassd@ets.org

Mail: ETS Disability Services
PO Box 6054
Princeton, NJ 08541-6054

*Includes American Samoa, Guam, Puerto Rico, and U.S. Virgin Islands

Registration Information

ETS is committed to serving test takers with disabilities by providing services and reasonable accommodations that are appropriate given the purpose of the test. Nonstandard testing accommodations are available for test takers who meet ETS requirements.

All requests for accommodations must be approved in accordance with ETS policies and procedures and must be made on the *Request for Nonstandard Testing Accommodations* form (pages 8-14).

Because ETS needs to review documentation in order to provide appropriate accommodations, all test takers requesting any accommodations must register through ETS Disability Services. Documentation review takes approximately six weeks once all necessary documentation has been submitted to ETS.

Braille, audio, reader, or large-print formats may require up to eight weeks for production after accommodation approval. We urge you to send in your request for testing accommodations well in advance of your planned test date.

Continued on next page.

TOEFL Note: If the TOEFL Listening section is omitted for an applicant who is deaf or hard-of-hearing, no listening or total score will be reported. If the TOEFL Speaking section is omitted for an applicant who is deaf or hard-of-hearing, or for an applicant with a speech disability, no speaking or total score will be reported. Only scores for the sections that are taken will be reported.

If you are planning to take a **GRE, TOEFL, or TSE** test, you may want to contact the institution or fellowship sponsor to which you are applying to ask whether it is willing to waive the test requirement and consider your application based on other information.

Standby registration is not available for test takers requesting accommodations.

How to Request Accommodations and Register

You must submit your request for accommodations to ETS by the registration deadline listed in the appropriate program *Bulletin*. *Bulletins* are available on the ETS website at www.ets.org. Choose your program and then go to “Test Takers with Disabilities.”

Note: All requests for testing accommodations must be reviewed and approved before your test can be scheduled. All materials must be submitted together or your registration will be returned to you unprocessed, which may cause your test to be delayed.

What to Include in Your Request

1. The appropriate registration form(s) and the proper fee for the test you are taking. Registration forms and fee information are available in the appropriate program *Bulletin*. *Bulletins* are available on the ETS website at www.ets.org. Choose your program and then go to “Test Takers with Disabilities.”

GRE Note: If paying by credit card for a GRE computer-based test, include your credit card number and expiration date at the top of the *Authorization Voucher Request* form.

TOEFL and TSE Note: If paying by credit card for a TOEFL or TSE test, include your credit card number and expiration date at the top of the registration form.

AND

2. A completed Applicant’s *Request for Nonstandard Testing Accommodations* form (pages 8-14)
 - You must complete *Part I—Applicant Information* and sign the Verification Statement.
 - You must complete *Part II—Testing Accommodations Requested*.
 - You must submit either *Part III—Certification of Eligibility (COE)* **OR** your disability documentation, **unless** you are registering for testing accommodations identical to those that ETS has approved for you within the last two years.

How to Register Using Previously Approved Accommodations

If your request for accommodations has been approved by ETS within the last two years, and your documentation is still current, you may request the same testing accommodations for any GRE, PRAXIS, TOEFL, or TSE test during the 2007-08 testing year. If you are registering for a different test than before, the accommodations ETS previously approved for you within the last two years will be approved again if they are appropriate for the current test.

To register, submit the appropriate registration form, appropriate fees, and Parts I and II **only** of the *Request for Nonstandard Testing Accommodations* form. Be sure to indicate the previous test name and test date.

PRAXIS Note: You can register by phone, but only if you are requesting testing accommodations identical to those ETS has approved for you within the last two years and your documentation meets current ETS documentation criteria.

Minor Accommodations

Some test takers require **only** minor accommodations to the standard testing environment because of documented medical needs. Minor accommodations include, but are not limited to, special lighting, an adjustable table or chair, and/or breaks for medication or snacks. Documented medical needs may include diabetes, epilepsy, or chronic pain. These test takers must submit Parts I (Applicant Information) and II (Testing Accommodations Requested) of the *Request for Nonstandard Testing Accommodations* form. They must include a letter of support from a medical doctor or other qualified professional stating the nature of the condition and the reason for the minor accommodation requested, as well as the appropriate registration form and fees.

Submitting Your Request to ETS

Send all completed requests for testing accommodations to:

Educational Testing Service
Disability Services
PO Box 6054
Princeton, NJ 08541-6054

If Your Request Is Approved

Once your request for accommodations is approved, ETS will send you a letter confirming the accommodations that have been approved for you. Allow up to six weeks from the time your completed request is received at ETS to receive your letter of authorization.

Computer-Based Testing (CBT) and Internet-Based Testing (iBT) — Do not call to schedule a CBT or iBT test date until you receive your letter of approved accommodations. Be prepared to provide the voucher number and the information contained in your letter when scheduling your test.

Continued on next page.

Paper-Based Testing (PBT) — ETS will send you a letter that confirms the accommodations approved for you and identifies the testing location and supervisor. If the center cannot accommodate your request on the scheduled testing date, you will be contacted by ETS to arrange an alternate administration date.

Alternate-Format Testing (GRE General Test only) — A representative from ETS Disability Services will contact you to confirm the accommodations approved for you and to schedule your test appointment.

Scoring and Reporting

In most cases, score reports contain no indication of whether a test was taken with accommodations. In rare instances, when an accommodation significantly alters what is tested (for example, if an entire test section must be omitted), a statement may be included with the score report indicating that the test was taken under nonstandard testing conditions. Score reports do not indicate the nature of the disability or the accommodation given. Score recipients are also reminded that test scores should be considered only one part of an applicant's record.

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REQUEST FOR NONSTANDARD TESTING ACCOMMODATIONS

INSTRUCTIONS

Send all required items to ETS in ONE mailing.

What to Send	Who Should Send It
1. Completed registration form and fee (see appropriate registration <i>Bulletin</i>)	ALL applicants
2. Part I—Applicant Information (see pages 9-10)	ALL applicants
3. Part II—Testing Accommodations Requested (see page 11)	ALL applicants
4. EITHER:	ALL applicants, <i>unless registering for the identical accommodations that have been approved by ETS within the last two years.</i>
<p>A. Part III – Certification of Eligibility (COE) (see pages 12-14)</p>	<p>Submit the COE if</p> <ol style="list-style-type: none"> 1. your documentation meets the ETS Documentation Criteria (see www.ets.org/disability); and 2. the documentation supports <i>each</i> of the testing accommodations you are requesting; and 3. you use or have used accommodations at your school or place of employment within the past three years; and 4. you are asking for only those accommodations specified in <i>Part III—Certification of Eligibility</i>. <p>The authorized person signing the COE must certify that the documentation on file meets the ETS Documentation Criteria.</p> <p>Note: <i>If you are submitting a properly completed Part III—Certification of Eligibility that is supported by the disability documentation, DO NOT send the documentation; doing so will delay the review process. ETS reserves the right to request the actual documentation.</i></p>
----- OR -----	
<p>B. Disability Documentation</p>	<p>Submit your documentation, including history of testing accommodations, to ETS if you:</p> <ol style="list-style-type: none"> 1. have a disability that is not specifically listed in Part I; or 2. are requesting more than 50 percent extended testing time (time and one-half) or a reader; or 3. are requesting any other accommodation that is not specifically listed in Part III; or 4. are unable to provide a Certification of Eligibility (see instructions in Part III); or 5. have not previously used the testing accommodations you are requesting; or 6. were diagnosed with a disability within the last 12 months. <p>Submit your documentation and history of testing accommodations with Parts I and II. ETS will review your documentation and determine whether it supports the request for accommodations. An Individualized Education Program (IEP) or 504 Plan alone may not be used.</p> <p>If you have a visual disability and are submitting documentation for review, please use the form for documentation of a visual disability at www.ets.org/disability.</p>

Applicant's Name: _____
(please print) Last First M.I.

PART I—Applicant Information (continued)

Verification Statement to Be Signed by Applicant

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting a Certification of Eligibility (Part III), I acknowledge that my request for accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed it. I also understand that ETS does not waive its right to ask the person who completes Part III on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date.

I authorize any person completing Part III on my behalf to release this information to ETS upon ETS's request. I also understand that the documentation in support of my request for accommodations supersedes any information contained in the Certification of Eligibility. For quality assurance, COEs may be subjected to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate, or used to obtain accommodations that are not necessary.

Signature of Applicant

Date

Keep a copy of this completed form for your records.

Applicant's Name: _____
(please print) Last First M.I.

PART II—TESTING ACCOMMODATIONS REQUESTED

If you have received ETS approval within the last two years for the accommodations identical to those you are requesting now, and your documentation is still current, please indicate the following:

Previous test(s) taken: _____ Previous test date(s): _____

REQUESTED ACCOMMODATIONS (Check all that apply)

Accommodations for Computer-Based Tests

- | | |
|---|--|
| <input type="checkbox"/> Kensington Trackball mouse | <input type="checkbox"/> Screen magnification |
| <input type="checkbox"/> Quill mouse | <input type="checkbox"/> Ergonomic keyboard |
| <input type="checkbox"/> IntelliKeys keyboard | <input type="checkbox"/> Keyboard with touchpad |
| | <input type="checkbox"/> Selectable background and foreground colors |

Alternate Test Format

- Braille
- Large-print test book
- Large-print answer sheet
- Audio with Braille figure supplement (GRE General Test only)
- Audio with large-print figure supplement (GRE General Test only)
- Audio (PPST and TOEFL only)
- Omit Listening section (TOEFL only)*
- Nonaudio – without auditory stimuli (TSE only)*
- Omit Speaking section (TOEFL only)***

Extended Testing Time (Note: All tests are timed.)

- 50 percent (time and one-half) 100 percent (double time; documentation required)

Additional Rest Breaks

- Yes

Assistance

Note: If you are requesting a reader and/or a recorder/writer, you must submit documentation directly to ETS for review.

- | | |
|---|---|
| <input type="checkbox"/> Reader | <input type="checkbox"/> Sign language interpreter (for spoken directions only)* |
| <input type="checkbox"/> Recorder/writer of answers | <input type="checkbox"/> Oral interpreter (for spoken directions only)* |
| <input type="checkbox"/> Braille slate and stylus** | <input type="checkbox"/> Printed copy of spoken directions (for paper-based tests only) |
| <input type="checkbox"/> Perkins Braille** | |

Other Accommodations (describe). If you are requesting accommodations other than those listed above (e.g., separate room or calculator), you must submit documentation directly to ETS for review.

* Only applicants who are deaf or hard of hearing

** Only applicants who are blind or have low vision; for note taking only

*** Only applicants who are deaf or hard of hearing or have speech disabilities

Applicant's Name: _____
(please print) Last First M.I.

PART III—Certification of Eligibility

A completed Certification of Eligibility (COE) will only be considered in lieu of disability documentation from qualified applicants requesting ONLY accommodations that are listed in number 4 on page 13. For any other accommodations (e.g., double time, separate room, reader, etc.) applicants must submit disability documentation directly to ETS for review.

This form **must** be completed and signed by an authorized professional representing one of the following:

- Test taker's college or university Office of Disability Services
- Human Resources office at test taker's place of employment
- Test taker's state Department of Vocational Rehabilitation (DVR) office

Forms completed and signed by a member of the applicant's family, or by the licensed and/or certified professional who diagnosed the disability, will not be considered.

DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY:

The authorized professional should complete Part III **only** if able to initial points a-c below.

- a) _____ the documentation on file for the applicant is current according to the currency criteria set forth at www.ets.org/disability, meets all other ETS Documentation Criteria set forth on page 14, and supports the need for each of the requested accommodations; **and**
- b) _____ the applicant is currently using these accommodations (or has used them within the past three years) based on the stated disability at either a college/university, at a place of employment, or in conjunction with vocational rehabilitation services; **and**
- c) _____ the applicant is **only** requesting accommodations that are listed in number 4 on page 13.

Provide the following information regarding the disability documentation on file:

1. Name and credentials of professional who administered the most recent evaluation

2. Applicant's diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted

3. Date of professional's most recent evaluation: _____ / _____
Month Year

Continued on next page.

Applicant's Name: _____
(please print) Last First M.I.

PART III—Certification of Eligibility (continued)

4. Only the accommodations in the following list can be approved on a COE. Indicate which of the following accommodations are supported by the documentation you have on file for the applicant. (Check all that apply.)

Alternative Test Format

- Braille
- Large-print test**
- Large-print answer sheet
- Audio recording
- Nonaudio (without oral stimuli – TSE only)*
- Listening section omitted (TOEFL only)*
- Speaking section omitted (TOEFL only)***

Assistance

- 50 percent extended testing time (time and one-half)
- Additional rest break(s)
- Printed copy of spoken directions
- Sign language interpreter (for spoken directions only)*
- Oral interpreter (for spoken directions only)*
- Perkins Braille (for note taking only)**
- Braille slate and stylus (for note taking only)**

* Only applicants who are deaf or hard of hearing

** Only applicants who are blind or have low vision

*** Only applicants who are deaf or hard of hearing or have speech disabilities

5. During what period of time has the applicant used the above accommodations?

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

6. Where has the applicant used the accommodations?

- College/university
- Place of employment
- Other (indicate): _____

All requests for testing accommodations are subject to approval by ETS and must meet ETS's Documentation Criteria. For more detailed information, including ETS's *New Policy Regarding LD and LD/ADHD Documentation Shelf Life*; policy statements for documentation of LD, ADHD, physical, and psychiatric disabilities; and the ETS Vision Documentation Report form, please visit www.ets.org/disability.

Continued on next page.

Applicant's Name: _____
(please print) Last First M.I.

PART III—Certification of Eligibility (continued)

ETS Documentation Criteria

If a COE is used, the documentation on file must satisfy ETS documentation criteria:

Documentation for the applicant **must:**

- **be typed or printed in English on official letterhead and signed** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization);
- **clearly state the diagnosed disability or disabilities;**
- **describe the functional limitations** resulting from the disability or disabilities and how they are relevant to the testing situation;
- **include complete educational, developmental, and medical history, including history of accommodations use**, relevant to the disability for which testing accommodations are being requested;
- **include a list of all test instruments** used in the evaluation report and relevant subtest scores used to document the stated disability. (This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature);
- **describe the specific accommodations requested;**
- **adequately support each of the requested testing accommodation(s);**
- **be current, depending on the disability.** For specific currency requirements for different types of disabilities, please go to www.ets.org/disability.

Verification Statement to be signed by authorized professional

To be signed by an authorized person in the Office of Disability Services, a Human Resources counselor at place of employment, or a Vocational Rehabilitation counselor. **Note:** The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated in Part III are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed Educational Testing Service's (ETS) Documentation Criteria (including ETS policy statements and guidelines about LD, ADHD, and psychiatric disabilities, if applicable), and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office. For quality assurance, all COEs may be subjected to an audit resulting in a review of the actual disability documentation on file.

In the event that ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand that if ETS determines at any time that the applicant's documentation does not meet ETS's Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

Signature of Authorized Person Date

Print Name

Title

Name of Institution/Agency/Place of Employment

Telephone / TTY # Fax #

E-mail Address

Attach Business Card Here
(Required)

I.N. 740779