

# Guide for Test Takers with Disabilities

TOEIC® Test TOEIC *Bridge*™ Test *TFI*™ Test



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This publication contains instructions for requesting nonstandard testing accommodations for the following test brands: TOEIC® Test, TOEIC Bridge™ Test, and Test de français international, (TFI™). It should be used in conjunction with the information provided in the appropriate Examinee Handbook.

#### **Customer Service**

The information provided in this publication and in the program's *Examinee Handbook* should answer any questions you may have about the TOEIC, *TOEIC Bridge*, or TFI test brands. The policies regarding testing accommodations can be found by clicking on the "Disabilities" tab on each program's website.

Examinee handbooks can be obtained from your local ETS Preferred Associate (EPA) or by visiting the program's website. A list of EPAs can be found on the web at <a href="http://www.ets.org/epn\_directory">http://www.ets.org/epn\_directory</a>.

## **Registration Information**

ETS and its ETS Preferred Associates (EPAs) are 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 the requirements.

ETS recognizes that laws governing the release of personal information vary from country to country. In some countries, EPAs may not request that test takers provide certain types of personal information. To the extent allowable by local law, test takers should provide sufficient documentation to allow the EPA to fairly evaluate the accommodation request.

All requests for accommodations must be approved in accordance with ETS and/or EPA policies and procedures, and must be made on the *Request for Nonstandard Testing Accommodations* form (pages 4–8).

Because your local EPA must review documentation in order to provide appropriate accommodations, all test takers requesting any accommodations must register through the EPA. Documentation review takes approximately three weeks once all necessary documentation has been submitted.

# Braille, audio, reader, or large-print formats:

Requests for these 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. **Note:** If a test section is omitted for an applicant who is deaf, hard of hearing, or visually impaired, the score report may show a minimum score of "5" for the section that was omitted. The score report may also show "NA" (not applicable) for the section that was omitted.

### **Standby Test Takers**

Standby or walk-in registration is not available for nonstandard test administrations.

# How to Request Accommodations and Register

You must submit your request for accommodations to your local ETS Preferred Associate (EPA) by the registration deadline provided by the EPA.

**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.** Include the appropriate registration form(s) and the proper fee for the test you are taking. Registration forms and fee information are available from your local EPA.

#### **AND**

- **2.** Include a completed *Request for Nonstandard Testing Accommodations* form (pages 4–8).
  - You must complete Part I—Applicant Information and sign the Verification Statement.
  - You must complete *Part II—Testing Accommodations Requested*.
  - You must submit your disability documentation, *UNLESS* you are registering for testing accommodations identical to those that an EPA or 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 an EPA or ETS within the last two years, and your documentation is still current, you may request the <u>same</u> testing accommodation(s) for any TOEIC, *TOEIC Bridge*, or TFI test. If you are registering for a different test than before, the accommodation(s) 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 of the *Request for Nonstandard Testing Accommodations* form. Be sure to indicate the previous test name and test date.

### Minor Accommodations

Some test takers require only minor accommodations to the standard testing environment due to documented medical conditions. Minor accommodations include, but are not limited to, special lighting, an adjustable table or chair, and/or rest breaks for medication or snacks. Examples of documented medical conditions 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. If allowable by local laws, test takers should provide a letter of support from a doctor or qualified professional stating the nature of the condition. If the test taker has documentation indicating previously approved testing accommodations, this documentation should be presented to the EPA.

# Submitting Your Request to the ETS Preferred Associate

Send all completed requests for testing accommodation(s) to your local ETS Preferred Associate (EPA).

A list of EPAs can be found on the web at <a href="http://www.ets.org/epn\_directory">http://www.ets.org/epn\_directory</a>.

### If Your Request Is Approved

Once your request for accommodation(s) is approved, your local ETS Preferred Associate (EPA) will send you a letter confirming the accommodation(s) that have been approved for you and identify the testing location and supervisor. Allow up to three weeks from the time your completed request is received by the EPA to receive your letter of authorization. If the center cannot accommodate your request on the scheduled testing date, you will be contacted by the EPA to arrange an alternate administration date.

### **Scoring and Reporting**

In most cases, score reports contain no indication of whether a test was taken with accommodation(s). 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(s) given. Score recipients are also reminded that test scores should be considered only one part of an applicant's record.

# **Request For Nonstandard Testing Accommodations**

INSTRUCTIONS: Send all required items to your ETS Preferred Associate in ONE mailing.

| What to Send |  | Who Should Send It   |  |
|--------------|--|--|--|
| 1            | Completed registration form and fee  | ALL applicants   |  |
| 2            | Part I—Applicant Information (see pages 5–6)   | ALL applicants   |  |
| 3            | Part II—Testing Accommodations Requested (see page 7)  | ALL applicants   |  |
| 4            | Part III—Disability Documentation  | ALL applicants, unless you are registering for the identical accommodations that have been approved for you by ETS or your local EPA within the last two years.  |  |
|              | Submit your documentation and history of testing accommodations with <b>Parts I and II</b> . The ETS Preferred Associate 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. | <ol> <li>Submit your documentation, including history of testing accommodations, to the ETS Preferred Associate</li> <li>if you have a disability that is not specifically listed in Part I; or</li> <li>are requesting any accommodation(s) other than 50 percent extended testing time (time and one-half), extra breaks, and/or braille (if you are blind or have low vision); or</li> <li>have not previously used the testing accommodations you are requesting; or</li> <li>were diagnosed with a disability within the last 12 months.</li> </ol> |  |
|              | If you have a visual disability and are submitting documentation for review, please use the ETS Vision Documentation Report for documentation of a visual disability located on the Disabilities tab of the program's website.   |  |  |

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TEST DE FRANÇAIS INTERNATIONAL, TFI, and TOEIC BRIDGE are trademarks of ETS.



### **Request for Nonstandard Testing Accommodations** (continued)

INSTRUCTIONS: All applicants must complete this section and sign the Applicant's Verification Statement that follows.

| PART I — APPLICANT INFORMATION  |           |  |  |  |
|---|-----------|--|--|--|
| Applicant's Name (please print-leave a blank box between names)   |           |  |  |  |
| Last First  | M.I.      |  |  |  |
|   |           |  |  |  |
| Mailing Address   |           |  |  |  |
|   |           |  |  |  |
|   |           |  |  |  |
| Country Registration Number (if provided by EPA)  |           |  |  |  |
|   |           |  |  |  |
| Gender Date of Birth  |           |  |  |  |
| Male Female Month Day Year  |           |  |  |  |
| Day Phone Number (Voice/TTY)  Evening Phone Number (Voice/TTY)  |           |  |  |  |
|   |           |  |  |  |
| (Include country/area code) (Include country/area code)   |           |  |  |  |
| Fax Number E-mail Address   |           |  |  |  |
|   |           |  |  |  |
| (Include country/area code)   |           |  |  |  |
| I would prefer to be contacted via:  E-mail  Mail  Phone  Fax  I am applying for the following test:  TOEIC Listening & Reading Test  TOEIC Speaking Test  TOEIC Speaking Test  TOEIC Speaking Test |           |  |  |  |
| Nature of your disability (check all that apply):   |           |  |  |  |
| ADD/ADHD Deafness   |           |  |  |  |
| Learning disability Hard of hearing   |           |  |  |  |
| Blindness Physical disability (describe)  |           |  |  |  |
| Low vision Other (describe)   |           |  |  |  |
|   |           |  |  |  |
| Date your disability was first diagnosed:/ Date of professional's most recent evaluation:   |           |  |  |  |
| 1100000   | onth Year |  |  |  |
| Name and credentials of professional who administered the most recent evaluation:  Have you received testing accommodations within the past five years in college and/or employment?  N             | o Yes     |  |  |  |
| If yes, please list the accommodations received:  |           |  |  |  |
|   |           |  |  |  |
|   |           |  |  |  |
|   |           |  |  |  |
|   |           |  |  |  |

| Request for No  | nstandard Test  | ing Accommo   | dations (continued)  |  |
|---|---|---|--|--|
| Applicant's Name: (Please print)  | Last  |   | First  | M.I.   |
| not sufficient, I agre<br>information or docu<br>give permission to                         | hat the informatio<br>ee to provide ETS<br>umentation reques<br>release to ETS an       | n recorded on the and/or the ETS sted in order to eddor the EPA a c   | is application is true, and if the Preferred Associate (EPA) with valuate my request for accome opy of any pertinent informations. | h any additional<br>nmodations. I also<br>ion required to  |
| assistive device, I at<br>I understand that all<br>ETS and/or the EPA<br>and process my red | im familiar with its<br>Il information that<br>A sufficiently in ad<br>quest for accomm | is necessary to particular to second the test odd to second the test odd to second to | orocess this application must administration date to provide owledge that ETS and/or the equested accommodation is v               | be available to<br>de time to evaluate<br>EPA reserves the |
| I acknowledge that  | dual be identified  | by name in resea  | so be used for research purpearch studies, and that the info   |  |
| ETS's Privacy and S   | Security Policy ca  | n be found on th  | e program's website.   |  |
| subsequently deter  | mined that, in ETS orting documenta   | S's and/or the EF<br>ation is either que  | s the right to withhold or cand<br>PA's judgment, any information<br>estionable, inaccurate, or used                               | n presented in this  |
| Signature of Application  | ant   |   | Date   |  |
|   |   |   |  |  |
|   | Кеер а сору   | of this complete  | ed form for your records.  |  |
|   |   |   |  |  |

# **Request for Nonstandard Testing Accommodations** (continued)

| Applicant's Name<br>(Please print)                       | Last                              |                       | First   | M.I. |  |
|--|-----------------------------------|-----------------------|---|------|--|
| PART II —  | TESTING ACCOM                     | IMODATIONS REQ        | UESTED  |      |  |
| dations iden indicate the                                | tical to those you a              | are requesting now, a | al EPA within the last two years for accommonand your documentation is still current, please Previous test date(s): | )    |  |
| Alternate To   | est Format (checl                 | k all that apply)     | Previous Registration Number(s) (if known)  | _    |  |
| Braille  |                                   |                       |   |      |  |
| Omit Li  | stening section*                  |                       | <del></del>   |      |  |
| Large p  | orint**                           |                       |   |      |  |
| Audio 7  | Test (Listening sect              | tion only)**          |   |      |  |
| Extended T   | esting Time (Note                 | e: All tests are time | d)  |      |  |
| 50 percent (time and one-half) 100 percent (double time) |                                   |                       |   |      |  |
| Additional I   | Rest Break(s)                     | Yes                   |   |      |  |
| Assistance   |                                   |                       |   |      |  |
| Reader   |                                   | Sign lang             | guage interpreter (for directions)*   |      |  |
|  | to write response<br>answer sheet | oral Inte             | rpreters Script (Listening Section)*  |      |  |
| Other Acco   | <b>mmodations</b> (des            | cribe)                |   | _    |  |
| *Only appli  | cants who are dea                 | f or hard of hearing  |   |      |  |
| **Only appl  | icants who are blir               | nd or have low vision | 1   |      |  |

### **Request for Nonstandard Testing Accommodations** (continued)

| A 1' 13 A1        |      |       |     |
|-------------------|------|-------|-----|
| Applicant's Name: |      |       |     |
| (Please print)    | Last | First | M.I |

### PART III — ETS DOCUMENTATION CRITERIA

The documentation submitted must generally satisfy the ETS documentation criteria. ETS acknowledges that documentation from international sources will vary in scope and substance, and therefore will be reviewed on a case-by-case basis in accordance with the following criteria:

### Documentation for the applicant must

- be typed in English, or translated by an authorized translator into English and printed on official letterhead and signed by an authorized professional qualified to make the diagnosis (include information about license or certification and area of specialization);
- **describe the functional limitations** resulting from the disability or disabilities and how they are relevant to the testing situation;
- include documentation of any previously granted testing accommodations;
- 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 the need for 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.

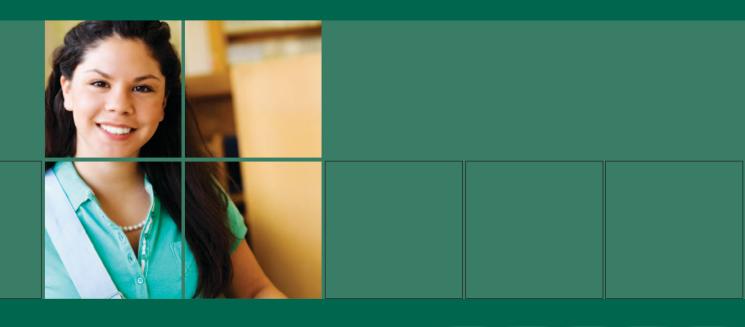
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### For more information about the TOEIC® test, contact:

TOEIC Testing Program ■ Educational Testing Service

Rosedale Road ■ Princeton, NJ 08541

Phone: **1-609-771-7170** ■ Fax: **1-610-628-3722** E-mail: **TOEIC@ets.org** ■ **www.ets.org/toeic** 



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