



Certification Statement Use of a Reader as a Testing Accommodation

This section to be signed by the Test Taker

1. I certify that _____, who is serving as my reader for the
(Reader's Name - please print)

_____ test administration, is not an individual whose participation in the test
(Testing Program)

administration on _____ might create a potential conflict of interest. I further certify that this
(Test Date)
person is not:

- a) family member or close friend
- b) involved in my academic tutoring or preparation for the test to be administered
- c) planning to take this test within six months from the date of the test administration (for CBT tests, 60 days from the date of the test administration).

2. I understand that the reader's task is to read only the written directions and test questions, verbatim, and that the reader may not paraphrase, translate, add emphasis, embellish the written text in any way, or engage in any type of communication with me concerning the interpretation of test content.

3. I understand that Educational Testing Service will invalidate my test results in the event these conditions are violated.

Test Taker's Name
Test Taker's Signature
Date

This section to be signed by the Reader

As the reader for _____, I certify that:
(Test Taker's Name - please print)

1. I am not a family member or close friend of the test taker for whom I am planning to read the test; and

2. I am not involved in the academic tutoring or preparation for the test to be administered.

3. I understand that my task is to read only the written directions and test questions, verbatim, and that I may not paraphrase, translate, or embellish the written text in any way, or engage in any type of communication with the Test Taker concerning the interpretation of test content.

4. I understand that I may not take this test within six months of the date of the test administration (for CBT, within 60 days from the test administration) and that ETS will invalidate my test results in the event this condition is violated.

Reader's Name
Reader's Signature
Date

This form must be signed by both the test taker and the reader PRIOR to the test date and returned to ETS Disability Services, Fax: 609-771-7165.