



Certification Statement Use of a Scribe as a Testing Accommodation

This section to be signed by the Test Taker

1. I certify that _____, who is serving as my scribe for the
(Scribe'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) 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 computer-administered tests, 60 days from the date of the test administration)

2. I understand that the scribe's task is to write only what I dictate to him or her and that the scribe may not alter this in any way or engage in any type of communication with me that might suggest changes in my responses or scratch work. The scribe may ask me to repeat what I have said if (s)he did not understand it.

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
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This section to be signed by the Scribe

As the scribe 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 record responses or scratch work for 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 write only what the test taker dictates to him or her and that I may not alter this in any way or engage in any type of communication with the test taker that might suggest changes in his or her responses or scratch work. I may only ask the test taker to repeat what he or she said if I did not understand it.
- 4. I understand that I may not take this test within six months of the date of the test administration (for computer-administered testing, within 60 days from the test administration), and that ETS will invalidate my test results in the event this condition is violated.

Scribe's Name	Scribe's Signature	Date
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This form must be signed by both the test taker and the scribe PRIOR to the test date and returned to ETS Disability Services, Fax: 609-771-7165.