



# CERTIFICATION OF DOCUMENTATION **For Test Takers Whose Primary Language Is Not English**



**Mail to:**  
ETS—ParaPro Assessment  
Disability Services  
P.O. Box 6054  
Princeton, NJ 08541-6054

If you have previously registered and your request for accommodations has been approved by ETS, you need to submit the Eligibility Form on *page 17*. See *page 6* for more information.

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL AND SENT TO ETS WITH THE TEST TAKER'S ELIGIBILITY FORM AND REGISTRATION FORM. **DO NOT MAIL THIS FORM SEPARATELY TO ETS.** **Note:** Do not send payment with the PLNE request forms to ETS. Payment must be made to the test center administering the ParaPro Assessment. Please see *page 6* of the 2020–21 ParaPro *Bulletin* for more information.

**Complete and sign. Cross out material within brackets that does not apply.**

1. I, \_\_\_\_\_, am [a qualified ESL teacher/coordinator, foreign language department supervisor/chairperson, or other appropriate professional (specify) \_\_\_\_\_] at \_\_\_\_\_ . I have held that position since \_\_\_\_\_ .  
(Name of Institution) (Date)

2. I have [worked with and/or reviewed pertinent documentation about] \_\_\_\_\_ .  
(Print Name of Test Taker)

I certify that English is not the test taker's primary language. The test taker's primary language is \_\_\_\_\_ .

3. The test taker is taking one or more *Praxis*® tests to meet the requirements of \_\_\_\_\_ .  
The score recipient code is \_\_\_\_\_ . (Institution/State/Agency)

4. In the event Educational Testing Service (ETS) requests a copy of the documentation described above, I promise to send ETS, for its consideration, any information pertinent to establishing the need for these accommodations (pursuant to the test taker's permission on the eligibility form) sufficiently in advance of the test administration date in question to permit complete processing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

**Attach Business Card OR School Seal OR School Stamp Below**

\_\_\_\_\_  
Signature\*

Business Card

\_\_\_\_\_  
Title

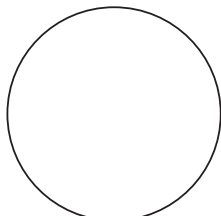


\_\_\_\_\_  
Institution

\_\_\_\_\_  
Telephone and/or TDD/TTY Number

School Seal or School Stamp

\_\_\_\_\_  
Fax Number



\_\_\_\_\_  
Internet Address

\* Must be original signature. Photocopy of or stamped signature will not be accepted. A business card or school seal or school stamp must be affixed to this form.