Certification of Documentation

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

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 28*. See *page 10* 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 10 of the 2024–25 ParaPro Bulletin for more information.

	, am [a qualified ESL teacher/coordinator, foreign language
department supervisor/chairperson, o	or other appropriate professional (specify)] at
	I have held that position since
(Name of Institution)	(Date)
2. I have worked with and/or reviewed p	pertinent documentation about(Print Name of Test Taker)
	ker's primary language. The test taker's primary language is
3. The test taker is taking one or more <i>P</i>	Praxis® tests to meet the requirements of (Institution/State/Agency)
The score recipient code is	(Institution/State/Agency)
	ation pertinent to establishing the need for these accommodations (pursuant to the ity Form) sufficiently in advance of the test administration date in question to permit
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
	Email
	* Must be original signature. Photocopy of signature or stamped signature will not be accepted. A business card or school seal or school stamp must be affixed to this form.