

TESTING ACCOMMODATIONS REQUEST FORM FOR PARAPRO ASSESSMENT

Part I — Applicant Information

Instructions: Complete this page and sign the Applicant's Verification Statement on *page 25*.

Date: ____ / ____ / ____
 Month Day Year

Applicant's Name (print your name as it appears on your ID documents — leave one blank box between names)

First Name	M.I.	Last Name

Address Line 1

Address Line 2

City	State or Province

ZIP or Postal Code	Country

Gender	Date of Birth		U.S. Social Security Number (last four digits)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> Month Day Year		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Day Phone Number	Evening Phone Number

Email Address

I would prefer that ETS communicate with me via: Email Mail Phone

Nature of your disability (check all that apply):

<input type="checkbox"/> Blind or legally blind	<input type="checkbox"/> Physical disability (identify condition; must submit documentation) _____
<input type="checkbox"/> Low vision	<input type="checkbox"/> Psychiatric condition (identify condition; must submit documentation) _____
<input type="checkbox"/> Deaf	<input type="checkbox"/> Other (e.g., traumatic brain injury, autism spectrum disorder, or other health-related need; must submit documentation) _____
<input type="checkbox"/> Hard-of-hearing	
<input type="checkbox"/> ADD/ADHD	
<input type="checkbox"/> Learning Disability	

When was your disability first diagnosed? ____ / ____
 Month Year

Date of professional's most recent evaluation: ____ / ____
 Month Year

Other than testing accommodations, describe what strategies, devices, or medications you ordinarily use to manage your condition:

TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information (*continued*)

Applicant's Name: _____
(please print) **First Name** **M.I.** **Last Name**

Applicant's Verification Statement

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations.

I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting Part III — Certification of Eligibility: Accommodations History, I acknowledge that my request for accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed it.

I also understand that ETS does not waive its right to ask the person who completes Part III on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date. I authorize any person completing Part III on my behalf to release this information to ETS upon ETS's request. I also understand that the documentation in support of my request for accommodations supersedes any information contained in the Certification of Eligibility: Accommodations History. For quality assurance, the Certification of Eligibility: Accommodations History may be subject to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

Signature of Applicant

Date

Keep a copy of this completed form for your records.

TESTING ACCOMMODATIONS REQUEST FORM FOR PARAPRO ASSESSMENT Part II — Accommodations Requested

Applicant's Name: _____
(please print) First Name M.I. Last Name

Date: _____ / _____ / _____
Month Day Year

If you have received ETS approval within the last two years for accommodations identical to those you are requesting now, and your documentation is still current, please indicate the following:

Previous test(s) taken _____ Previous test date(s) (month/year) _____

ACCOMMODATIONS YOU ARE REQUESTING (Check all that apply)

Accommodations for Computer-delivered Tests

- Extended Testing Time (**NOTE:** All tests are timed; if you are requesting more than 50 percent extended time, documentation must be submitted.)
- 50 percent (time and one-half) 100 percent (double time)
- Extra Breaks

Alternate Test Formats

- Braille*
- Large-print test book
- Large-print answer sheet

*Only applicants who are blind or have low vision

Assistance (**NOTE:** If you are requesting a reader and/or a scribe, and your disability is NOT blindness or legal blindness, you must submit documentation for review.)

- Reader
- Scribe
- Braille slate and stylus (for note taking only)*
- Perkins Braille (for note taking only)*
- Sign language interpreter (for check-in assistance and spoken directions only)**
- Oral interpreter (for check-in assistance and spoken directions only)**
- Printed copy of spoken directions (for paper-delivered tests only)

Other Accommodations. If you are requesting accommodations other than those listed above (e.g., separate testing room), please describe them below and submit appropriate documentation. **NOTE:** If you are requesting a paper-delivered test as an accommodation on a test that is computer-delivered, please mention that here.

* Only applicants who are blind or have low vision

** Only applicants who are deaf or hard-of-hearing

TESTING ACCOMMODATIONS REQUEST FORM FOR PARAPRO ASSESSMENT

Part III — Certification of Eligibility: Accommodations History

Applicant's Name: _____
(please print) First Name M.I. Last Name

A completed Certification of Eligibility: Accommodations History will only be considered in place of disability documentation from qualified applicants with:

1. learning disabilities and/or ADHD, who are requesting only **50 percent extended time** and/or **additional breaks**; or
2. visual impairments or hearing losses, who are requesting those accommodations listed on *page 8* for these conditions.

For any other accommodations (double time, separate room, reader, etc.) applicants must submit disability documentation directly to ETS for review.

This form **must** be completed and signed by an authorized professional representing one of the following:

- Office of Disability Services at test taker's college or university
- Human Resources office at test taker's place of employment
- Department of Vocational Rehabilitation (DVR) office in test taker's state of residence

Forms completed and signed by a member of the applicant's family, or by the licensed and/or certified professional who diagnosed the disability, will not be considered.

DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY

The authorized professional should complete Part III only if able to initial points a and b below.

- a) _____ the documentation on file for the applicant is current according to the currency criteria set forth at www.ets.org/disabilities, meets all other ETS Documentation Criteria set forth below and supports the need for each of the requested accommodations; **and**
- b) _____ the applicant is currently using these accommodations (or has used them within the past three years) based on the stated disability at either a college/university, at a place of employment or in conjunction with vocational rehabilitation services.

ETS Documentation Criteria

Documentation on file for the applicant **must**:

- **be typed or printed on official letterhead** and **be signed** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization)
- **clearly state the diagnosed disability or disabilities**
- **describe the functional limitations** resulting from the disability or disabilities
- **be current** —i.e., completed within the last year for psychiatric disabilities and physical disabilities or chronic health conditions; or within the last five years for learning disabilities, ADHD, autism spectrum disorder, and intellectual disabilities. Documentation for traumatic brain injury must have been completed within the past 1 to 3 years, depending on the date of the injury. Please see our policy statement for Documenting Traumatic Brain Injury (http://www.ets.org/disabilities/documentation/documenting_traumatic_brain_injury/) for details. (Note that this recency requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.)
- **include complete educational, developmental, and medical history** relevant to the disability for which accommodations are being requested
- **include a list of all test instruments** used in the evaluation report and relevant subtest scores used to document the stated disability; all test instruments must have adult norms (for physical or sensory disabilities of a permanent or unchanging nature, a list of all test instruments is not required)
- **describe the specific accommodation(s) requested**
- **adequately support each requested accommodation**

TESTING ACCOMMODATIONS REQUEST FORM FOR PARAPRO ASSESSMENT

Part III — Certification of Eligibility: Accommodations History (*continued*)

Applicant's Name: _____
(please print) First Name M.I. Last Name

Provide the following information regarding the disability documentation on file:

1. Name and credentials of professional who administered the most recent evaluation.
2. Date of professional's most recent evaluation: _____
3. Applicant's diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted:

4. Has the applicant received accommodations within the past three years in college and/or employment?
 Yes No

If yes, please check the accommodations received from the list below:

Alternate Test Formats

- Braille*
- Large-print test book
- Large-print answer sheet
- Audio recording**

Assistance (NOTE: If the applicant is requesting a reader and/or a scribe, and the applicant's disability is NOT blindness or legal blindness, documentation must be submitted for review.)

- Reader (for spoken directions only)**
- Sign language interpreter (for spoken directions only)**
- Scribe (for spoken directions only)**
- Oral interpreter (for spoken directions only)**
- Braille slate and stylus (for note taking only)*
- Printed copy of spoken directions (for paper-delivered tests only)
- Perkins brailler (for note taking only)*

Extended Testing Time (NOTE: All tests are timed; if applicant is requesting more than 50 percent extended time, documentation must be submitted.)

- 50 percent (time and one-half) 100 percent (double time)

Extra Breaks

- Yes

* Only applicants who are blind or have low vision

**For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement is provided.

Other Accommodations. If the applicant uses accommodations other than those listed above and on the previous page (e.g., separate testing room), please describe them below:

5. During what period of time has the applicant used the above accommodations?

From: _____ To: _____
(mm/dd/yy) (mm/dd/yy)

6. Where has the applicant used the accommodations?

- College/university
- Place of employment
- Other (indicate): _____

*Only applicants who are blind or have low vision

**Only applicants who are deaf or hard-of-hearing

(continued on next page)

All requests for accommodations are subject to approval by ETS and must meet ETS's Documentation Criteria on *page 27*. For more detailed information and the policy statements for documentation of learning disabilities (LD); attention-deficit hyperactivity disorder (ADHD); visual impairments; hearing loss; physical and psychiatric disabilities; and autism spectrum disorder, please visit www.ets.org/disabilities.

Authorized Professional's Verification Statement

To be signed by an authorized person in the Office of Disability Services, a Human Resources counselor at place of employment, or a Vocational Rehabilitation counselor. **NOTE:** The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated in Part III are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the Educational Testing Service (ETS) Documentation Criteria (including ETS policy statements and guidelines about LD, ADHD, and psychiatric disabilities, if applicable), and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office. For quality assurance, Part III — Certification of Eligibility: Accommodations History may be subject to an audit resulting in a review of the actual disability documentation on file.

In the event that ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement. I also understand that if ETS determines at any time that the applicant's documentation does not meet ETS's Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

Signature of Authorized Professional

Date

Print Name

Title

Name of Institution/Agency/Place of Employment

Telephone Number

Fax Number

Email address

Attach Business Card Here