



# PSYCHOLOGICAL & PSYCHIATRIC DISORDERS

## GED Testing Service® Accommodation (Reasonable Adjustment) Request Form

Testing accommodations are any adjustments made to testing conditions that allow candidates to access the test.

**SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION:**

**Complete all information. Make sure that all sections are complete before you submit the form.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Additional person(s) you permit GED Testing Service® Accommodations Team to contact on your behalf regarding this request.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dates this authorization is valid from: \_\_\_\_\_ to \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18, a parent or guardian must also sign.**

Parent/Guardian's Printed Name (if Candidate is under 18): \_\_\_\_\_

Parent/Guardian's Signature (if Candidate is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: REQUESTED ACCOMMODATIONS:**

Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

### SECTION 3:

Name of the disorder(s) for which test accommodations are requested:

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Date(s) of assessment: \_\_\_\_\_

Supporting documentation should be attached to this request form. Documentation is current if the assessment was completed within the last (1) year.

Documentation should:

1. Include a specific diagnosis
2. Document the history of impairment
3. Confirm that the symptoms are not due to other disorders, such as ADHD, a learning disorder, or English-as-a-second-language (ESL) factors
4. Provide information on current functional limitations that are likely to affect the candidate's ability to take the test under standard conditions
5. Provide a specific rationale for each requested accommodation

*Meeting criteria for psychological disorder using globally recognized standards (e.g., DSM, ICD):* The detailed letter or report should discuss how the individual meets **ALL the diagnostic criteria for the disorder** (not just manifestation of symptoms).

Documenting the functional impact of the disorder. List **2 or more** *activities of daily living* that are impaired as a result of the person's condition. NOTE: *Activities of daily living* include such basic tasks as operating a motor vehicle, caring for oneself, engaging in appropriate social interactions, employment, marital relations, and participating in academic pursuits. Examples of activities that would not be considered central to daily living include "test-taking", "spelling", "feeling comfortable in groups", and "recalling math facts".

Detailed documentation guidelines for Psychological and Psychiatric Disorders can be found on-line at: <http://www.gedtestingservice.com/testers/computer-accommodations>, scroll down to Documentation Guidelines and click on the "Download" link for Psychological & Psychiatric Disorders (EPP).

**FAX accommodation requests to: 1-202-464-4894**

**Questions? Email us: [accommodations@ged.com](mailto:accommodations@ged.com)**