LEARNING AND OTHER COGNITIVE 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: __________________________________________________________________

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

Date(s) of assessment: _________________________________________________________________

Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last five (5) years.

Documentation should:
1. Include a clear diagnosis
2. Include results from objective tests of intelligence and academic achievement (Please refer to our “Commonly Used Intellectual and Academic Assessments” reference for more information).
3. Document the history of impairment
4. Confirm that the underachievement is not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second-language (ESL) factors
5. Provide information on current functional limitations that are likely to affect the candidate’s ability to take the test under standard conditions
6. Provide a specific rationale for each requested accommodation

Detailed documentation guidelines for Learning and Other Cognitive Disabilities 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 Learning & Cognitive Disorders (LCD).

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

Questions? Email us: accommodations@ged.com