A Procedure Manual for Providing Accommodations on the GED Tests
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Florida Department of Education
GED Testing Office
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Chapter I

Introduction

Educators at the national, state, and local levels are committed to ensuring equal access and opportunities for students with disabilities throughout the educational process. Testing for the General Educational Development (GED) Tests is an important step in the educational process for many individuals. To ensure that individuals with disabilities have equal opportunities to demonstrate their knowledge in GED testing situations, these participants are entitled to reasonable testing accommodations under the law. It is also important to note that these accommodations should not add to the cost of the GED Tests for the participant. To ensure that local policies and procedures are in compliance with state and federal law, local assessment policies and procedures must be reviewed on a regular basis and revised as needed.

Not all individuals can be fairly tested under standard conditions, thus administrators and staff with testing responsibilities should be knowledgeable about how to implement procedures for participants in special testing situations. Some individuals who can reasonably be expected to pass the GED Tests may have unexpected difficulty demonstrating their skills under standard conditions. These individuals may have a learning disability or Attention-Deficit/Hyperactivity Disorders (AD/HD) or both. These participants are entitled to reasonable testing accommodations under the law. If a participant has one or more disabilities including but not limited to learning, physical, or emotional disability, or Attention-Deficit/Hyperactivity Disorder (AD/HD), a special administration of the GED Tests can be requested with the approval of the State GED Administrator.

The purpose of this manual is to help Examiners become knowledgeable about the policies and procedures for requesting an accommodation for the GED Tests. Understanding the procedures for completing the forms properly the first time will greatly benefit the candidate by cutting approval time and increasing the possibility that the request will be approved.

This manual explains the process for screening candidates who request legitimate accommodations. Candidates who request accommodations due to a disability will use one or more of the following forms developed by the GED Testing Service (GEDTS):

- Request for Testing Accommodations – Physical/Chronic Health
- Request for Testing Accommodations – Emotional/Mental Health Disability
- Request for Testing Accommodations – Learning and Other Cognitive Disabilities
- Request for Testing Accommodations – Attention-Deficit/Hyperactivity Disorder

Disability and the Law

Individuals with disabilities whose disabilities are documented by a professional qualified in the area of that disability have legal rights to ensure that they are not denied access to education, training programs, and employment on the basis of their disability. These rights are assured under
federal and state laws, including the Americans with Disabilities Act (ADA). The rights of equal access mandated under these laws helps people with disabilities to succeed.

The ADA defines a disability as “a physical or mental impairment that substantially limits one or more of life’s major activities.” Examples of disabilities include, but are not limited to physical disabilities such as cerebral palsy or blindness; and emotional disabilities such as depression or schizophrenia; learning disabilities (LD) such as dyslexia or dyscalculia; and deficits in attention such as Attention-Deficit/Hyperactivity Disorder (AD/HD).

The ADA, enacted in 1990, is modeled after Section 504 of the Rehabilitation Act, 29 U.S.C. § 794, which has prohibited discrimination against individuals with disabilities by the government and by federally funded programs for many years. Title III of the ADA expressly requires private entities that administer examinations to offer such examinations “in a place and manner accessible to persons with disabilities [to] offer alternative accessible arrangements for such individuals” (42 U.S.C. § 12189). The Department of Justice’s regulation implementing this section explains that an examination must be administered “so as best to ensure that . . . the examination results accurately reflect the individual’s aptitude or achievement level,” and not the individual’s disability, “except where those skills [affected by the disability] are the factors that the examination purports to measure.” (28 C.F.R. § 36.309(b)(1)(i)). Title II of the ADA has been interpreted as imposing similar requirements on public entities with regard to examinations that they administer.

Under the ADA, tests must be administered in facilities that are accessible to individuals with disabilities, or alternative arrangements must be made. In addition, entities that administer such tests are required to make reasonable modifications to the tests and to provide reasonable auxiliary aids (i.e., testing accommodations) for persons with documented disabilities to ensure that the examination results accurately reflect the individual’s aptitude or achievement level (or whatever other factor the examination purports to measure) rather than the individual’s impaired sensory, manual, or speaking skills (except where those skills are the factors that the examination purports to measure).

A testing entity need not provide an auxiliary aid or other testing accommodation that would fundamentally alter the examination or result in an undue burden to the testing entity.

Under the ADA, testing agencies are required to provide reasonable accommodations to individuals with disabilities. A candidate with a qualifying disability, or his or her certifying professional, will generally be the best judge of what accommodations are reasonable in a given case. This does not mean, however, that a candidate with a disability must be given the specific accommodations that he or she requests. A testing agency may lawfully deny a request for a particular accommodation, even if that accommodation is reasonable, so long as the testing agency offers the individual an accommodation that allows the individual effective access to the exam’s contents. In other words, an individual with a qualifying disability is entitled to a reasonable and effective accommodation, but not necessarily the accommodation of his or her choice.

It is lawful, and entirely appropriate, to require individuals with disabilities who request testing accommodations to provide documentation of (1) their disability and resulting functional
limitations, (2) the impact that those limitations have relative to taking the examination in question, and (3) the need for the testing accommodations that are requested. Requests for documentation must, however, be reasonable and limited to the need for the accommodation requested.

The ADA defines the term “disability” in terms of “physical” and “mental” impairments (i.e., disabilities). (See 42 U.S.C. §12102(2).) Relatively speaking, accommodation requests based on an individual’s physical disability are not difficult to evaluate nor are they particularly controversial. But a large number of testing accommodation requests are based on an individual’s learning, cognitive, or emotional disability such as dyslexia, Attention-deficit/Hyperactivity Disorder, dyscalculia, the “disorder of written expression,” and others. These requests generally pose greater challenges, both in terms of properly documenting the disability and of determining what accommodations are appropriate. The accommodations that might be appropriate for candidates with learning, cognitive, or emotional disabilities include extended testing time, large print tests with extended time, scribes, calculators, rest periods, and separate testing rooms.

Summary

When reviewing requests for testing accommodations, State GED Administrators and GED Examiners should be sensitive to issues of disability, know the laws that apply, and provide reasonable accommodations in response to properly documented requests. Accommodations that would fundamentally alter what the GED Tests are intended to measure should not be authorized, nor should accommodations that jeopardize test security or that unduly compromise the standardized nature of the GED Tests.
Chapter II: Introduction to Request for Testing Accommodations Forms

There are four, *Request for Testing Accommodations Forms* that will be used to document a specific disability:
- Request for Testing Accommodations – Physical/Chronic Health
- Request for Testing Accommodations – Emotional/Mental Health Disability
- Request for Testing Accommodations – Learning and Other Cognitive Disabilities
- Request for Testing Accommodations – Attention–Deficit/Hyperactivity Disorder

These forms were developed by the GED Testing Service (GEDTS) to make it easier to complete an accommodation request. In addition, the forms are more consistent with the information the Florida Department of Education is required to collect. There are four sections on each of the forms:
- **Section 1 is to be completed by the GED candidate.**
- **Section 2 is to be completed by the GED Chief Examiner** – this section will be completed by the GED Chief Examiner after the accommodations request form is returned to them.
- **Section 3 is to be completed by the Professional Diagnostician or Advocate** – this section needs to be completed by the professional diagnostician or the certifying advocate.
- **Section 4 is the approval/non-approval page** – this section is for the approval of the accommodations being requested and will be completed by the State GED Administrator at the state office.

When the forms are completed correctly, the resulting information is easier to review. This makes the review process faster; thus, candidates receive notification of approval or non-approval of their accommodation request in a timelier manner. It is essential that all requested information be provided. Review of the candidate’s request cannot begin until all information has been completed.

Submitting proper information with the completed form to document a disability is important for a variety of reasons. First, it helps protect the integrity of the GED program by ensuring that reasonable accommodations are provided when appropriate, but not provided to those who do not have a qualifying disability. Providing individuals with accommodations to which they are not entitled would jeopardize confidence in the validity of the resulting scores as a meaningful and reliable demonstration of test takers’ competencies. Second, the documentation process promotes fairness among candidates. Third, the process helps to ensure that limited resources are properly and effectively allocated.

Chief Examiners must make every effort to ensure that candidates are aware that accommodations are available for those with properly documented disabilities. A sample *Request for Testing Accommodations Form* for each disability category is included in the manual. (See Appendix A.)
Request for Testing Accommodations Forms: Section 1 & Section 2

These sections are identical on each of the Request for Testing Accommodations Forms.

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make sure all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and determine if additional information is required. The release of information statement grants permission for GEDTS or the state administrator to seek additional information from the candidate’s secondary/postsecondary school officials and any health-care providers to release all appropriate education-related records and/or medical or psychological records. A parent or guardian must also sign the form if the GED candidate is less than 18 years of age.

Section 2 is to be completed by the GED candidate. The candidate should fill in this section completely and sign the release of information statement. The release of information statement grants permission for GEDTS or the state administrator to seek additional information from the candidate’s secondary/postsecondary school officials and any health-care providers to release all appropriate education-related records and/or medical or psychological records. A parent or guardian must also sign the form if the GED candidate is less than 18 years of age.

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate’s SSN/SIN at the top right corner of each page of this form. Missing information may delay the review of the candidate’s request. Sign and date the form before sending it to your GED Administrator.

Section 2 is to be completed by the GED Chief Examiner. The GED Chief Examiner must review the form to be certain all sections have been completed. The Chief Examiner must also record the last four digits of the candidate’s Social Security or Social Insurance Number (SSN/SIN) at the top of each page in the space provided. The signature of the Chief Examiner in Section 2 only confirms that all of the relevant areas of the form have been completed. Providing a signature does not indicate that the request for testing accommodations has been approved; it documents that the application is complete when it is submitted to the GED State Administrator.
Request for Testing Accommodations Forms: Section 3:  
Attention-Deficit/Hyperactivity Disorder

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable or documentation is currently on file with a candidate’s school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last 3 years. However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role:  
[ ] Professional Diagnostician  [ ] Advocate

Name of Professional Making Diagnosis (please print):

Phone Number:  ___________________________  Date of Assessment:  / /    

Licensure or Certification:  Expiration Date:  / /    Number:  Specialty:  

State/Province/Territory:

Name of Advocate (please print):

Relationship to Candidate (please print):

Phone Number:  ___________________________  

[ ] Professional Making Diagnosis or Advocate’s Signature:  

[ ] Date:  / /    

This section must be completed by the professional diagnostician. Also, an advocate may complete this section using the information from the professional diagnostician’s report or documentation currently on file with a candidate’s school district, if the professional is unavailable. An advocate is someone other than the professional diagnostician who can assist the candidate requesting testing accommodations. The professional report must include certification or licensure and date of assessment.

If the advocate is completing the request, all of the demographic information for the professional and the advocate must be completed. The advocate’s signature indicates that all of the data from the documentation has been transferred appropriately and the advocate should attach copies of all relevant documentation.

The documentation must include a letter on official letterhead, signed by a psychiatrist, medical doctor, or psychologist who specializes in the diagnosis of AD/HD, stating the diagnosis of AD/HD and providing supporting diagnostic evidence of this disability. (See Appendix C, for sample letters.) Notes written on a prescription pad are not acceptable. For each accommodation requested, the diagnosing professional must include a rationale for the accommodation, including a discussion as to why the accommodation is needed and how it is expected to support the candidate when taking the GED Tests. The accommodations requested should relate to the nature of the disability being defined. For example, a request asking for a calculator because the candidate cannot pay attention would not be approved. It must be clearly shown how the AD/HD directly affects a candidate’s ability to solve math problems when taking the GED Tests.

The information presented must clearly document how the AD/HD substantially limits the candidate’s current documented educational achievement and what relevant accommodations are
needed. A DSM-IV diagnosis must be included with the professional diagnostician’s signature attesting to the diagnosis of AD/HD.

A diagnosis of AD/HD meeting DSM-IV-TR criteria must be given. The professional who identifies AD/HD must be qualified to do so. Professionals generally considered qualified to make a diagnosis of AD/HD include psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors. Although an educational specialist may use the terminology of a diagnosis of AD/HD and present a questionnaire or other evidence suggesting symptomology, such a specialist is not trained to differentially diagnose this disorder from other possible psychiatric or medical problems that can present similar symptoms. Therefore, an educational specialist alone may not attest to the diagnosis of AD/HD for purposes of accommodations.

Diagnostic evidence should be provided, including a developmental history, school history, AD/HD rating scales, psychological testing, and computerized measures of assessment such as the Conner’s Continuous Performance Test (CPT)–a test of attention. While all of the above types of evidence are not needed, clear documentation of the disability beyond a personal statement must be provided. The letter must also provide DSM-IV diagnoses.

If a diagnosis is provided in a current psychological or neuropsychological report, no letter is needed from the diagnosing professional. If, however, the psychological report does not explain the current impacts of the disability and the rationale for the accommodations requested, such a letter is required.

**Important, Please Note:** Documentation of AD/HD must be current and indicative of the candidate’s cognitive functioning. In most cases, this means the documentation must be no more than three (3) years old. Documentation and assessment tests are current if completed within the last three (3) years. If evidence presented does not provide clear indication of the current negative impact on relevant functional abilities, a re-evaluation may be required. If documentation is not current GEDTS has indicated they will review it if–and only if–additional supporting documentation can be supplied. Supporting documentation could be IEP records from schools, timed practice test results from the Adult Education Teacher, additional diagnostic tests, and any other pertinent information that shows academic progress or lack of. Please be aware that in these cases the request must be approved by GEDTS and, therefore, additional wait-time will be involved.
Request for Testing Accommodations Forms: Section 3:
Physical/Chronic Health Disability

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable and documentation is currently on file with a candidate’s school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated.

Please indicate your role:  □ Professional Diagnostician  □ Advocate

Name of Professional Making Diagnosis (please print):
Phone Number: (_____) _______ - ________ Date of Assessment: ___ / ___ / ______
Licensure or Certification: Expiration Date: ___ / ___ / ______
State/Province/Territory: _______ Number: _______ Speciality: _______
Name of Advocate (please print):
Relationship to Candidate (please print):
Phone Number: (_____) _______ - ________

Professional Making Diagnosis or Advocate’s Signature:

□ PCH - page 1 of 3  Date: ___ / ___ / ______

This section must be completed by the professional diagnostician. Also, an advocate may complete this section using the information from the professional diagnostician’s report or documentation currently on file with a candidate’s school district, if the professional is unavailable. An advocate is someone other than the professional diagnostician who can assist the candidate requesting testing accommodations. The professional report must include certification or licensure and date of assessment.

If the advocate is completing the request, all of the demographic information for the professional and the advocate must be completed. The advocate’s signature indicates that all of the data from the documentation has been transferred appropriately and the advocate should attach copies of all relevant documentation.

To request accommodations for a Physical/Chronic Health Disability (PCH), the current level of impairment and resulting functional limitations must be clearly documented, as well as any history that can be provided. All supporting documentation must be attached to the form. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodations can be properly evaluated.

Important, Please Note: Another important detail is that the documentation must include a letter on official letterhead, signed by a qualified professional, stating the diagnosed disability and providing supporting documentation of this disability. (See Appendix C, for sample letters.) Notes written on a prescription pad are not acceptable.
Request for Testing Accommodations Forms: Section 3: Emotional/Mental Health Disability

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable or documentation is currently on file with a candidate’s school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last 6 months. However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role: [ ] Professional Diagnostician  [ ] Advocate

Name of Professional Making Diagnosis (please print):

Phone Number: (_____) _____-_______ Date of Assessment: ___/___/____

License/Certification: Expiration Date: ___/___/____

State/Province/Territory: Number: Specialty: _________

Name of Advocate (please print):

Relationship to Candidate (please print):

Phone Number: (_____) ____-_______

Professional Making Diagnosis or Advocate’s Signature: ________________________________ Date: ___/___/____

This section must be completed by the professional diagnostician. Also, an advocate may complete this section using the information from the professional diagnostician’s report or documentation currently on file with a candidate’s school district, if the professional is unavailable. An advocate is someone other than the professional diagnostician who can assist the candidate requesting testing accommodations. The professional report must include certification or licensure and date of assessment.

If the advocate is completing the request, all of the demographic information for the professional and the advocate must be completed. The advocate’s signature indicates that all of the data from the documentation has been transferred appropriately and the advocate should attach copies of all relevant documentation.

To request accommodations for an Emotional/Mental Health Disability (EMH), the current level of limitation and resulting functional limitations must be clearly documented as well as any history of the disability that can be provided. Documentation should also state specific recommendations for accommodations and the accompanying rationale.

Documentation must include a letter on official letterhead, signed by a professional diagnostician who specializes in the diagnosis of the disability, and provide supporting documentation of this disability. (See Appendix C, for sample letters.)

Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last six (6) months.
Request for Testing Accommodations Forms: Section 3: Learning and Other Cognitive Disabilities

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable or documentation is currently on file with a candidate’s school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last five (5) years. However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

<table>
<thead>
<tr>
<th>Please indicate your role:</th>
<th>☐ Professional Diagnostician ☐ Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Professional Making Diagnosis (please print):</td>
<td></td>
</tr>
<tr>
<td>Phone Number: (_____) _____ - ______</td>
<td>Date of Assessment: ___ / ___ / ______</td>
</tr>
<tr>
<td>Highest Degree and Area of Specialization:</td>
<td></td>
</tr>
<tr>
<td>License Number:</td>
<td>Expiration: ___ / ___ / ______ State/Province/Territory:</td>
</tr>
<tr>
<td>Name of Advocate (please print):</td>
<td></td>
</tr>
<tr>
<td>Relationship to Candidate (please print):</td>
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<tr>
<td>Phone Number: (_____) _____ - ______</td>
<td></td>
</tr>
<tr>
<td>Professional Making Diagnosis or Advocate’s Signature:</td>
<td></td>
</tr>
</tbody>
</table>

This section must be completed by the professional diagnostician. Also, an advocate may complete this section using the information from the professional diagnostician’s report or documentation currently on file with a candidate’s school district, if the professional is unavailable. An advocate is someone other than the professional diagnostician who can assist the candidate requesting testing accommodations. The professional report must include certification or licensure and date of assessment.

If the advocate is completing the request, all of the demographic information for the professional and the advocate must be completed. The advocate’s signature indicates that all of the data from the documentation has been transferred appropriately and the advocate should attach copies of all relevant documentation.

To request accommodations for a Learning Disability (LD), the current level of limitation and resulting functional limitation must be clearly documented as well as any history that can be provided. Documentation should also state specific recommendations for accommodations and the accompanying rationale.

**Important, Please Note:** Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed **within the last five (5) years.** The documentation must include a letter on official letterhead, signed by a psychiatrist, medical doctor, or psychologist who specializes in the diagnosis of LD, stating the diagnosis of LD and providing supporting diagnostic evidence of this disability. (See Appendix C, for sample letters.) Notes written on a prescription pad are not
acceptable. This letter should also mention how the disability negatively impacts the client, e.g.,
What are the candidate’s functional limitations?

The learning disability subtype for which an accommodation is being requested must be clearly
identified in this section. More than one disorder or subtype can be specified on the form. Both
the documentation provided and the professional’s diagnosis must match the identified
disabilities.

Those making a diagnosis of a learning disability must first be qualified to do so. In general,
certain psychologists, especially school psychologists, and neurologists can make a diagnosis.
In many instances educational specialists, with appropriate licensure or state certification using
psychological testing, can also make a diagnosis. Psychiatrists cannot make a diagnosis of a
learning disability, without the psychological evaluation from a licensed psychologist.

All of Section 3 must be completed by the professional diagnostician. An advocate may
complete this section using information from the professional diagnostician’s report or
documentation currently on file with the candidate’s school district or agency (i.e., vocational
rehabilitation) making the referral. If the advocate is completing the form, demographic
information on the professional diagnostician must also be completed. The advocate’s signature
certifies that all relevant data was transferred appropriately from the documentation to the form.

Request for Testing Accommodations Forms: Section 3
Learning and Other Cognitive Disabilities - Measurement of Current Academic
Achievement

The dates of the primary academic achievement tests must be documented. The primary tests
that were being used should be selected. All test data should be included (both broad scores and
individualized subtest scores that comprise the test). All scores must be expressed with standard
score equivalents not just grade levels or percentiles, etc.

**Date of Assessment:** Because a qualifying disability must substantially limit one of life’s
major activities, it is important that any measurement or assessment of this impact be
current. Current testing also helps ensure that the accommodations provided are relevant
to the candidate’s current learning needs. For this reason, GEDTS requires that
educational test scores be as current as possible. While each case should be evaluated on
an individual basis based upon all documentation presented, the general requirement is
that the test, which measures academic achievement, should be no older than five (5)
years old.

If any of the other primary tests are being presented to request accommodations, identify
the subtest name, subtest scores, and standard scores.

**Achievement Tests Used:** It is important that the tests used provide a comprehensive
assessment of current achievement across all academic areas.

The Woodcock-Johnson Tests of Educational Achievement (R, III) or the Wechsler
Individual Achievement Tests (I, II) are accepted.
Current Achievement: Current achievement scores give an indication of how well an individual has learned in specific content areas such as reading and math. Individual achievement subtest scores must be reported as standard scores. Since IQ scores are also standard scores, a comparison of ability and current achievement is necessary during the State GED Administrator’s review.

Other Supporting Documentation: Many specialized tests of academic achievement exist. Some may measure math or written language. Such tests provide greater analysis of a person’s academic strengths and weaknesses. In some cases, however, a primary educational achievement test may not clearly define a significant discrepancy. When the supporting secondary tests or other evidence (i.e., authentic/curriculum-based assessment) clarifies the nature of the academic underachievement, they may be relied upon to approve an accommodations request.

Request for Testing Accommodations Forms: Section 3: Learning and Other Cognitive Disabilities - Measurement of Potential or Intelligence (Test Scores)

Cognitive Information: If the same diagnostician or advocate who completed the academic achievement information provides this information also, then it is not necessary for the same diagnostician to complete their information again.

Test Scores: This section provides the test scores from which decisions regarding accommodations are made. It is important to document the nature of the information processing dysfunction of a learning disability. Scores from intelligence tests and other tests help identify patterns of cognitive strength and weakness.

The date of the assessment is important. Intelligence testing should reflect adult cognitive functioning. For this reason, it is important to determine if the testing was performed when the individual was an adolescent or older. Scores from childhood are typically not as accurate as adults’ scores so a re-evaluation is necessary. If testing is 20 years old but the last testing was done when the individual was already an adult (i.e., over 18 years old) the GEDTS will accept the test scores for purposes of documenting a learning disability. For example, if a person who is 45 presents documentation of intelligence testing administered when a candidate was 19, such test results can be used. (Note: As discussed below, tests results for academic achievement must be more current. Generally, the assessment must have been administered within five (5) years of the accommodations request.)

Correct completion of this section requires that the date of assessment, the specific test used, and the IQ and subtest scores all be provided.

Prorated Scores: In some cases, psychologists will prorate IQs. This is a procedure in which the IQ is calculated with less than all of the intended tests. This may occur when a test is invalidated by some event during testing. In other cases, psychologists will drop subtests to create apparent discrepancies or to raise an IQ score. It is important to
determine, when possible, why a subtest score was not included in the analysis. The reason should be clearly explained in the psychological report.

Request for Testing Accommodations Forms: Section 3: Learning and Other Cognitive Disabilities, Diagnosed Disability & Requested Accommodations

The professional diagnostician or advocate must select all appropriate diagnosed disabilities and provide DSM-IV-TR codes for those disabilities.

When special circumstances exist, other accommodations may be approved. For example, a person with severe cerebral palsy may require the use of a computer; this would be requested under the blank provided for “Other.”

In all cases, when the space for “Other” is completed and a request is made for an accommodation different from those listed above, the request for accommodation must be forwarded to GEDTS for approval. Complete documentation is required in subsection 3E “Other Information and Supporting Documents.” In some cases additional information may need to be included to get the request considered.

Section 3D: Requested Accommodations

Please identify those accommodations that support the diagnosed disability.

- Extended Time (please specify): □ 1-1/2 times   □ 2 times   □ Other: __________
- Audiocassette (tone-indexed) (requires extended testing time, generally double time)
  □ 2 times   □ Other: __________
  The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test, Audio Cassette version prior to the scheduled testing date.

☐ Scribe
☐ Calculator for Part II
☐ Talking Calculator for Entire Mathematics Test
☐ Private Room
☐ Supervised Breaks (specify in minutes):
  Uninterrupted testing time: _________ minutes, break time: _________ minutes
☐ Other: _______________________________________________________________________________________

Section 3E: Other Information and Supporting Documents

This section may be completed by the candidate or by his or her certifying professional or advocate. Provide any additional information you wish to be considered when this request for accommodations is reviewed.

____________________________________________________________________________________________
____________________________________________________________________________________________

It is important to realize that in some cases, an accommodation can interfere with test performance. More is not always better. For example, a person who has schizophrenia characterized by auditory hallucinations may find the use of an audiocassette competing or distracting. A person who has never used a tone-indexed system may have some initial
difficulties using an audiocassette. In the latter case, use of the audiocassette with the practice test would benefit the candidate so that the official test does not offer unexpected difficulty.

**The Psychologist:** Licensed psychologists *must* have graduate training and experience in the assessment of learning disabilities and/or AD/HD in adolescents and adults. In most states, they must also have a Ph.D. This is especially true for psychologists in private practice. School psychologists working for a school system are often the exceptions; generally the entry degree into the profession to work in schools is an Educational Specialist (Ed.S.) degree (one step beyond the master’s). School psychologists employed by public schools can also be assigned responsibilities in private schools where such agreements exist. The psychologist’s state license number and date of expiration must be provided on the form. Psychologists approved to perform assessments such as the Wechsler Adult Intelligence Scales—Third Revision (WAIS-III) must have current certification and/or licensure to do so. Both the companies that produce the tests, and state licensing agencies require current licensure. Membership in an organization such as the American Psychological Association (APA) does not qualify a psychologist to perform assessments. Psychologists may serve as professional diagnosticians and advocates if they help the candidate complete the form.

School psychologists working in schools also diagnose learning disabilities and AD/HD. In the United States, school psychologists in private practice must also have state licensure. School psychologists who do not have licensure, but who are employed by school systems to provide services, may be considered professional diagnosticians if they performed the assessment while the candidate was within the public education setting. These individuals must have certification from the state in which they practice.

It sometimes appears that two psychologists have been involved in a candidate’s assessment. In such cases, a person without a Ph.D. and state licensure may have performed the evaluation. The report is then attested by a professional certified to perform such evaluations. GEDTS will accept such reports.

**The Psychiatrist:** Psychiatrists diagnosing AD/HD must have training in this field. They must provide their state license number and the date of license expiration on the form. Psychiatrists often lack the training to administer psychological and educational tests; therefore, they may diagnose learning disabilities on the basis of testing done by others. Psychiatrists may be the professional diagnosticians only if they have helped the candidate complete the form.

**The Educational Specialist:** The educational specialist must have experience working with adolescents and adults with learning disabilities and/or AD/HD. Educational specialists may give tests for which they have had training and are certified to administer. For example, most educational specialists can administer the Woodcock-Johnson Tests of Educational Achievement. But educational specialists cannot administer an individualized test of intelligence such as the Wechsler Adult Intelligence Scales—Third Revision (WAIS-III).
Other Professional Diagnosticians: Other professionals, such as speech and language specialists, ophthalmologists, and other reliable professionals may also provide supportive documentation, but typically do not diagnose LD or AD/HD. In each instance, it is important to make certain the professional is certified and experienced in diagnosing LD and/or AD/HD in adolescents and adults.
Chapter III: Accommodations

Accommodations Policy

GEDTS and the American Council on Education believe that every candidate should have a fair opportunity to demonstrate his or her knowledge and skills under appropriate test conditions. However, some candidates’ disabilities may interfere. For example, if a learning disability, emotional disability, disability in attention, physical disability, or other impairment is present, a candidate may not be able to demonstrate fully what they have learned under standard GED testing conditions. When such disabilities are documented in accordance with GEDTS policy and the GED State Administrator has approved the use of accommodations, the Chief Examiner must arrange to test the candidate under the approved accommodated conditions. No additional costs will be incurred by the candidate for these accommodations.

All potential GED candidates must be made aware of the availability of test accommodations, and the availability of accommodations must be well publicized. Outreach efforts to provide candidate awareness of the GEDTS accommodations policy are the responsibility of GEDTS nationally and all of the GED Testing Centers.

All requests for accommodations during GED test administration must be accompanied by one of the four disability accommodations forms. In no case should an accommodation be provided without the submission of the appropriate form and the approval of the requested accommodation by the appropriate GED State Administrator or, in cases involving clinical review, by GEDTS in Washington, D.C.

When accommodations are requested beyond those listed below, State GED Administrators will forward the documentation and related request for accommodations to GEDTS in Washington, D.C., for review. Requests for accommodations other than those on the approvable list (see page 17, under Accommodations) cannot be granted without GEDTS approval.

Review in Timely Manner

All requests for accommodations should be reviewed in a timely manner. Every effort should be made to apply the GEDTS Screening Model as soon as possible when the request is first received by the GED State Administrator. In no event should the review process take longer than 20 days at this level. If a case requires a clinical case review, the materials should be mailed to GEDTS in Washington, D.C., by the State GED Administrator, as promptly as possible so that review can be initiated.

Definition

Specific accommodations, or changes in standard GED test administration for those with documented disabilities, are to be provided to all candidates when documentation by a qualified professional clearly defines the disability, the resulting functional limitations and explains why those limitations necessitate reasonable accommodations when the candidate takes the GED Tests.

In no case will a record of the accommodated test conditions be provided on the candidate’s transcript or GED diploma.
Accommodations

When warranted by the documentation, GEDTS provides one or more of the following accommodations:

1. Extended time (amount of time must be specified)
2. Audiocassette
3. Braille
4. Private room
5. Supervised frequent breaks (Time on and off must be specified.)
6. Calculator (for Part II of the mathematics exams, as all candidates are entitled to utilize a calculator for Part I)
7. Interpreter
8. Scribe
9. Other

These accommodations are explained below.

1. **Extended Time**

Candidates with one or more disabilities will often need extra time when taking the GED Tests. The GED Tests were developed so that approximately 85 percent of the candidates could finish comfortably within the prescribed time limits under standard test conditions. The amount of extra time needed under accommodated conditions depends upon the documented and approved need. The amount of extended time requested must be stated on the required form at the time of application for accommodation. In general, when audiocassette and Braille editions are used, double time is given. For those with learning disabilities, AD/HD, and mental disabilities, time and one-half is often sufficient. Extended time for a physical disability will vary depending upon the nature and extent of the disability. For example, those with cerebral palsy may need triple time or more to take the tests.

The diagnostician making the request should specify the amount of time needed. In addition, the request for accommodations should tell why the extended time is needed due to the disability identified. If the professional diagnostician has not specified the amount of extended time, the State GED Administrator should attempt to contact the diagnostician to determine the amount of time needed.

2. **Audiocassette**

Two audiocassette versions are available. There is one form of each language version.
The audiocassette is tone-indexed. Tone indexing enables candidates to locate parts of the tape they would like to hear.

There are several important points that apply to the use of the audiocassette versions:

- Tone indexing works with cue-and-review capability. Tone-indexed “beeps” allow the candidate to move around the test with ease.

- However, tone-indexed audiocassettes may be difficult for some candidates. Candidates approved for the use of the audiocassette must have an opportunity to practice with tone-indexed tapes before the scheduled date of testing in order to familiarize them with this type of accommodation. Tape recorders with cue-and-review capability are widely available from public libraries and schools and should be made available in GED classrooms with practice test material.

- When administering the audiocassette version for Test 5 (The Mathematics Test), Examiners should arrange to have a second tape recorder available (which does not need to have the cue-and-review function) so that the candidate can refer to the math formula cassette while completing the test.

- For candidates with visual impairments, the Examiner must read (and reread) the essay topic aloud when administering Test 1, Part II (Language Arts, the Essay). The directions to the essay are provided on the tape but the topic is not. The topic should be read exactly as written, without comment from the examiner.

3. **Braille**


4. **Private Room**

Those with a current and documented chronic medical condition that results in labored breathing noises might need a private room so that the sound of breathing does not affect other test takers. A person with documented Tourette’s syndrome, which results in verbal utterances beyond the individual’s control, would also be provided with a private room. A person with AD/HD might request a private room to remove distractions that might interfere with success on the GED Tests. In general, access to the usage of a private examining room for a candidate with specific need is granted, in part, for the benefit of other test examinees to reduce unintended distraction.

In all instances, while testing in private rooms, candidates must remain under full and constant supervision by a Chief or Alternate Examiner.

5. **Supervised Breaks**

Frequent and supervised breaks are breaks that must be taken by a candidate while a test is in progress. For breaks within a test, such as breaks during the Social Studies Test, special
permission is required from GEDTS. For breaks between parts of the test, such as breaks between the Social Studies and Science Tests, no special permission is required.

A person with a physical discomfort, such as a bad back, may require time to stand and leave the testing room to relieve pain. In addition, other candidates (e.g., those with AD/HD) may need frequent breaks during testing to help maintain attention. In all cases, requests for frequent breaks must be approved based on documented need using the appropriate Request for Testing Accommodations form.

Breaks during a test require that the candidate remain in the presence of the Chief or Alternate Examiner, except when testing occurs in a hospital or rehabilitation facility and the candidate requires medical attention during the break. Although every effort should be made to attend to the needs of candidates with disabilities, the Chief or Alternate Examiner must continue to be attentive to test security during special testing.

In all cases, the professional who has documented the disability or need should clearly specify the frequency and duration of breaks required with each test.

6. **Calculator**

When a candidate has a documented math disability, or dyscalculia, and requires the use of a calculator, access to this accommodation on Part II during testing must be approved by the GED State Administrator or GEDTS. Candidates who are legally blind may request the use of a talking calculator or abacus on the Mathematics Test. A candidate with a disability that substantially limits the ability to solve math problems may also request the use of a calculator on Part II. All candidates are granted access to the use of a calculator for Part I.

7. **Interpreter**

A certified sign language interpreter may be used to interpret test instructions and the essay topic only—not the multiple-choice questions—to candidates with hearing impairments. The interpreter must not be a relative or friend of the candidate. However, long-standing professional relationships between a candidate and interpreter do not disqualify the interpreter. The interpreter must be certified by a national or regional certifying agency. For instructions on how a sign language interpreter can be utilized in accommodated testing situations, see Section 11.9 of the *2005 GED Examiner’s Manual*.

8. **Scribe**

When a candidate has a documented written language disability, dysgraphia, or other impairment that affects the ability to write answers, a scribe may be provided during testing. A scribe records the answers to the multiple-choice questions or the essay, as specifically dictated by the candidate. This accommodation is appropriate for those who have difficulty writing as a result of visual or physical impairments or specific learning disabilities. For adults with limited use of their arms, the scribe is also responsible for turning the pages of the test booklet or operating the audiocassette player.
Instructions for the Use of a Scribe to Record Answers on the GED Tests

The use of a scribe may be approved as an accommodation for a candidate or examinee with a documented disability to:

- Record answers to the multiple-choice questions and
- Record the essay portion of the writing skills tests.

The goal of this accommodation is to provide a fair opportunity for testing and to allow an individual with a specific disability the capability to show their knowledge, skills, and abilities. This accommodation puts an individual with a disability on an equal playing field and does not provide an advantage to the person with the disability.

The Scribe’s Responsibilities:

- The scribe’s duty is to faithfully record the examinee’s responses without correcting them.
- The scribe must be an accurate and fair secretary, neither diminishing the fluency of the candidate nor helping to improve the writing.
- If the scribe is recording the answers to the multiple choice questions, he or she must accurately record the examinee’s responses and may be asked by the candidate to reiterate the appropriate number marked.
- The scribe must, at all times, bubble-in and/or write exactly what the candidate dictates.
- The scribe must not mark an answer unless he or she is clear that it is the answer the candidate has indicated. For example, in the math portion of the test, when marking one of the graphs, the scribe must not assume which quadrant he or she should bubble-in the answer given.
- When a scribe is asked to record the essay portion of the writing skills test, candidates with a disability must also have the opportunity, as other GED candidates, to plan, draft, and revise their essays. This means that a scribe may write an outline and the candidate may dictate revisions to the scribe. If the candidate with a disability cannot read their essay, the scribe must read the essay aloud and allow the candidate to dictate revisions.
- The scribe must not prompt the candidate towards a better answer or essay. Such prompts might include: “Are you sure you wanted me to bubble-in number one?” or “Let’s list reasons to support your position.” or “Do you want to give more examples?” Prompting would give the candidate an unfair advantage.
- The scribe may respond to questions from an examinee such as, “Where are we on my outline?” by pointing to, reading aloud from the outline, or by describing a recently completed part of the essay: “We just described the effects of automobile pollution that you listed as your first example.”
• The scribe should ask for the spelling of homonyms such as “to,” “two,” and “too” and “there,” “they’re,” and “their.” If a candidate uses a word that is unfamiliar to the scribe or uses a word that the scribe does not know how to spell, the scribe should ask the candidate to spell it.

• The scribe should, after two or three sentences, stop the candidate from telling them that the first word of the sentence is capitalized and what the specific punctuation should be at the end of the sentence. Once a scribe is sure that the candidate has these skills, stopping them can support the candidate in more comfortably and verbally organizing his or her thoughts.

**The Candidate’s Responsibilities:**

• The candidate must have the ability to say that they will not write to the prompt provided because of objections due to cultural, religious, and/or other reasons. Another prompt should then be provided.

• The candidate must indicate the beginning and end of each sentence appropriately until the scribe asks them to stop.

• The candidate must indicate the beginning of each paragraph.

• The candidate must spell technical words associated with the topic, such as chemical terms, geographic locations, and people’s names. For example, if the essay topic is related to nutrition, words such as “carbohydrate,” “protein” and “Niacin” should be spelled aloud by the examinee. The word “fat” would not have to be spelled.

• The candidate should have an opportunity to review and revise the draft.

How explicit does the candidate have to be about spelling, punctuation, and sentence structure in the essay?

Good writing demands fluency. The scribe’s job is to record the candidate’s production accurately without making the task more complicated. Clearly, a well-educated scribe could improve the mechanics of a poor essay or prompt the candidate with questions that would help them improve their essay. This is not appropriate. On the other hand, even the work of a capable candidate who has had to spell out every word and provide information as to initial capitalization and end punctuation of every sentence would begin to sound stilted. Therefore, the scribe should strike a balance. Candidates, after demonstrating a mastery of certain conventions, such as starting a sentence with a capital letter and ending it with appropriate punctuation, or capitalizing the letter “I” when referring to themselves, need not continue to specify these conventions throughout the essay writing process. At a certain point the scribe should tell the candidate they no longer need them to specify these conventions and the scribe should apply them automatically.
The essay should be written in longhand, not typed, word processed, or recorded in shorthand, so that the essay readers who score it will not know the essay was written with accommodations. Cross-outs and insertions are permitted and are not penalized as in any candidate’s essay. Under no circumstance may a dictionary or other reference aid be used in the composition of an essay.

9. Other

A request for accommodations may include other accommodations that are not on the specifically-approved GEDTS accommodations listed above. Some of these, such as the use of a computer, are not permitted. An unsanctioned requested accommodation must be forwarded by the State GED Administrator to GEDTS in Washington, D.C. Such requests will not be approved at the jurisdictional level.

Accommodations and Test Taking Strategies That Do Not Need Approval

Some accommodations do not require special approval. Also, many people with disabilities have devised, or learned, strategies that help them compensate for their disability, and some of these strategies do not require special approval. Some examples are:

1. Using the large-print version of the test—without extended time
2. Using a straight-edge guide to facilitate the reading of text
3. Using colored overlays for reading
4. Requesting to sit near a window, or away from fluorescent lights, etc., when possible
5. Using graph paper for working through math problems
6. Taking individual tests on different days (granted at the discretion of the center and based on available personnel)

GEDTS Explicitly “Not Approved” Accommodations

Some accommodation requests may be deemed “unreasonable accommodations” by GEDTS. These are explained below. When a State GED Administrator receives a request for accommodations such as these, but there seems to be an unusual need that might warrant its consideration, the request for accommodations will be forwarded to GEDTS in Washington, D.C., for expert review. Such requests are reviewed on a case-by-case basis.

Computers

Computers generally represent “unreasonable accommodations” for the GED Tests because they present the potential risk that test items may be stored on hard drives. Such a breach of test security would be extremely costly and could also compromise the integrity of the exam. For this reason, computers may not be used to write essays or record test answers except as described below. Word processing, spell-checking and grammar-checking programs may never be used.
Exceptions to the prohibited use of computers may be granted by GEDTS in extreme circumstances, and are reviewed on a case-by-case basis. In the past, computer use has been permitted for quadriplegic individuals who could not move any parts of their bodies or speak but who could communicate with the assistance of a computer controlled by eye contact. In some instances, visually impaired candidates have written their essay using a Brailler connected to a computer that printed the essay in regular type. Other computer-controlled reading machines have also been allowed; however, these accommodations require approval from the State GED Administrator and GEDTS.

Readers

Because the GED Tests are available on audiocassette, the tests may not be read aloud to candidates. Any exception to this policy must be approved in advance by GEDTS.

Accommodations for Specific Learning Disabilities

There is no precise formula for knowing which accommodations apply. However, a basic model is presented below in Table 1: Common Accommodations for Specific Learning Disabilities or AD/HD. If a person has a writing disability documented by a negative substantial impact on academic achievement in the area of written language, that person would generally need a scribe and extra time. Since the use of a scribe requires verbal communication, a private room is also necessary in most cases.

When determining the use of appropriate accommodations, remember to: (1) read the record to see what has been used in the past; (2) determine if there is a substantial deficit in the area of the requested accommodations to warrant need; (3) consider whether a given accommodation will interfere with, rather than benefit, the candidate’s performance; and (4) make certain the diagnostician has given a rationale for the accommodations requested, relative to the disability diagnosed.

Table 1: Common Accommodations for Specific Learning Disabilities or AD/HD

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<th>Accommodations</th>
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<td>Dyslexia</td>
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<td>• Audiocassette (private room)</td>
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<td>Dysgraphia</td>
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<td>• Scribe (private room)</td>
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<td>Dyscalculia</td>
<td>• Extended time</td>
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<td></td>
<td>• Calculator (private room)</td>
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<tr>
<td>Attention-Deficit/ Hyperactivity Disorder (AD/HD)</td>
<td>• Extended time</td>
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<td></td>
<td>• Frequent breaks</td>
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<td></td>
<td>• Private room</td>
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Instructions for Completing an Accommodations Tracking Sheet

GED Examiners must fill out an Accommodations Tracking Sheet (ATS) on every candidate requesting accommodations. The ATS must be forwarded with the Request for Accommodations Forms to the State GED Administrator.

Prior to filling out the first page of the ATS the candidate or guardian must sign the candidate verification section on page two of Part I. It should be clearly explained to the candidate that his or her identity will never be revealed or shared in any way. The candidate should understand that the information gathered can improve support for all individuals with disabilities. By understanding how many individuals applied for accommodations, were approved to take the test using accommodations, and passed the test, GEDTS will be able to improve their outreach efforts and help others with disabilities.

Once the candidate verification section is filled in and signed, the GED Examiner needs to bubble-in all information requested. All information should be available from the Request for Accommodations Form. Page one of Part I requests the date and the GED candidate’s name. Page two of Part I requests the social security number, birth date, and testing center code.

Part II requests specific information about the disability and the accommodations requested. On page one of Part II, all specific learning disabilities, physical or mental, and an Attention-Deficit Hyperactivity Disorder (AD/HD) should be recorded dependent on how many are marked on the request form. The Diagnostic and Statistical Manual (DSM-IV) codes should also be listed and the appropriate numbers marked. If the codes are not provided on the Request for Accommodations Form, leave that section blank and continue on with Part II of the ATS.

The bottom of page one, Part II, requests information on the accommodations request, approved, not approved, if the request for specific accommodations was returned for more information, and if the candidate appealed a decision on any or all accommodations requested. Start out by bubbling-in which accommodations have been requested. Information is requested about the accommodations request and if a clinical review by an expert in the field of the specific disability was needed. This information will be filled in by GEDTS staff in Washington D.C. when a clinical re-evaluation is necessary and it will be signed.

Finally, Part III, the last page of the ATS, requests information about the candidate when testing. The five boxes listing “Date of Testing” correspond to the five individual GED tests a candidate takes as listed on that page. The date of each test may be the same. However, some candidates with disabilities take tests on different days. In addition, it is important to bubble-in the accommodations used by the candidate for each of the five tests. Different accommodations may have been requested, some of which the candidate may decide not to use. Only bubble-in those accommodations used on each specific test. Once all tests are completed, sign and date the form and send it along with the answer sheet to the scoring service.
ACCOMMODATIONS TRACKING SHEET

Part I

To the GED Examiner: Please complete this tracking sheet for each candidate requesting accommodations. Forward this sheet along with the L-15 or SA001 to the GED administrator for processing. After the candidate’s testing session, forward this tracking sheet along with the candidate’s answer sheet to the scoring service.

MARKING INSTRUCTIONS
- Use a No. 2 pencil only.
- Erase cleanly any marks you wish to change.
- Do not fold, tear, or mutilate this form.

CORRECT MARK  INCORRECT MARKS

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GED CANDIDATE’S NAME

LAST NAME  FIRST NAME  MI/SUFFIX

PLEASE DO NOT WRITE IN THIS AREA

2929257
Accommodations Tracking Form
GEDTS - Form

Part II

GED Official Use Only: Please complete this tracking sheet for each candidate requesting accommodations. Return this sheet to the Examiner once you have made your determination so that this sheet can accompany the answer sheet to the scoring service.

SPECIFIC LEARNING DISABILITIES AND/OR ADHD
- Reading (dyslexia)
- Math (dyscalculia)
- Writing (dysgraphia)
- Oral language
- Other (specify)

PHYSICAL OR MENTAL
- Visual impairment
- Motor impairment
- Hearing impairment
- Other (specify)

ACCOMMODATION
- Large print with extended time (specify amount)
- Closed circuit TV
- Extended time (specify amount)
- Audio cassette
- Signed essay or video/ deaf and hearing impaired
- Video instructions/ deaf and hearing impaired
- Scribe
- Calculator
- Private room
- Supervised breaks (specify number of breaks and units of time on and off)
- Instruction interpreted (signed)
- Braille
- Other (specify)

CLINICAL REVIEW
- Yes
- No

GED Official Signature ______________________ Date ________
Frequently Asked Questions

**Question 1:** Does the Checklist for Completing Testing Accommodations Request Form have to be submitted with the Request for Testing Accommodations?

**Answer 1:** No. The checklist was developed so that the candidate and the examiner would have a tool that would assist the candidate with completing their application and assist the examiner as a reminder to review certain important areas of the application. In addition, the checklist can be used by examiners to provide immediate feedback to the candidate as to any additional information that may be needed to complete their application.

**Question 2:** Do the Accommodations Request forms have to be printed in color?

**Answer 2:** The forms do not have to be printed in color. All forms will be processed. GEDTS used color while developing these forms so that they could be easily identified.

**Question 3:** What is meant by the statement “However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense”?

**Answer 3:** GEDTS recognizes that new assessment testing is financially burdensome. Their goal is to expand access to the tests by allowing jurisdictions to evaluate outdated assessment tests. If the jurisdiction is uncomfortable making a decision on the request, they can require the candidate to provide an update from the professional diagnostician stating that there are no changes to the diagnosis of the recommended accommodations.

**Question 4:** Can a state approve part of the requested accommodations and send the remaining on to GEDTS in Washington, D.C.?

**Answer 4:** Yes. A state can approve only a part of the requested accommodations. The state must forward the entire request along with documentation to GEDTS to review and decide whether the remaining accommodations will be approved.

**Question 5:** What are examples of “Other Cognitive Disabilities”?

**Answer 5:** Other types of Cognitive Disabilities would be brain injuries or some types of genetic diseases, such as Down’s Syndrome, Autism, and Dementia.

**Question 6:** If a candidate has multiple disabilities do we have to complete two forms?

**Answer 6:** It depends. Although a candidate has been diagnosed with two disabilities, depending on the accommodations that are being requested, only one form may
have to be completed if the requested accommodations are the same. If they are
different, depending on the disability, then both forms will have to be completed.

**Question 7:** If a candidate is mentally handicapped with significant cognitive disabilities
which form should I use?

**Answer 7:** Those individuals who have been classified as mentally handicapped should use
the Request for Testing Accommodations for Learning and Other Cognitive
Disabilities. Individuals with IQ’s less than 70 will have to be evaluated by
GEDTS.

**Question 8:** If a candidate gets the forms online, does the testing center have to require the
candidate to come in for a meeting with the Chief Examiner?

**Answer 8:** Yes. Since the forms have to be signed off and forwarded to the GED State
Administrator by the Chief Examiner of that jurisdiction, a sit-down meeting with
the candidate requesting the accommodations would be required.

**Question 9:** Can a parent be the advocate?

**Answer 9:** An advocate is someone other than the professional diagnostician who can assist
the candidate requesting testing accommodations. If the request is being
completed by the advocate, all of the demographic information for the
professional and the advocate must be completed; and if the advocate is a parent,
then it is essential that all supporting documentation is attached to the request
before submitting it.

**Question 10:** If a candidate is taking the *large print* test, what can be done to help them with the
small bubble-in answer sheets?

**Answer 10:** GEDTS has given permission for the Chief Examiner to enlarge the answer sheet
for the candidate to mark his or her answers on. It is then the responsibility of
the Chief Examiner to transpose the answers over to the regular answer sheet
before scoring. The enlarged copies are to be kept until the Tests have been
scored and no disputes have been made.

**Question 11:** Where can I get a talking calculator?

**Answer 11:** The Florida Department of Education has a talking calculator, a *large print*
calculator, an *audiocassette* player, and an *overhead calculator*, all of which the
Department will lend to testing centers as the need arises. Contact the GED
Testing Office at the Florida Department of Education for more information.

**Question 12:** What do we need to do if the candidate doesn’t have a social security number?
**Answer 12:** To process a Request for Testing Accommodations Form the candidate will have to have a social security number. Contact the Florida Department of Education (FDOE), GED Testing Office and the FDOE will assign this person a special number so the form can be processed.

**Question 13:** How long is an approved accommodations form good for?

**Answer 13:** An approved accommodation for AD/HD is good for three (3) years; an approved accommodation for EMH is good for six (6) months; an approved accommodation for LD is good for Five (5) years; and an approved accommodation for Physical/Chronic Health is good forever.
Appendix A

The Forms:

- Request for Testing Accommodations – Physical/Chronic Health Disability
- Request for Testing Accommodations – Emotional/Mental Health
- Request for Testing Accommodations – Learning and Other Cognitive Disabilities
- Request for Testing Accommodations – Attention-Deficit/Hyperactivity Disorder
- Checklist for Completing Testing Accommodations Request Form(s)
- Testing Accommodations Appeal Form

Note: All Forms in this section were developed by GEDTS and copies can be obtained at http://www.acenet.edu/ under Verifying and Documenting Disabilities, hyperlink.
Request for Testing Accommodations  
Physical/Chronic Health Disability

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: ______________________  First Name: ______________________
Social Security or Social Insurance Number: ______________________
Birth Date: ___/___/____  Age: ______
Address: _______________________________________________________
City: ______________________  State/Province/Territory: ____________  ZIP/Postal Code: ______________________
Phone Number: (_____) _______ . __________

Release of information: If you are under 18 years of age, your parent or guardian’s signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate’s Signature ______________________  Parent or Guardian’s Signature (if appropriate) ______________________  Date _______________

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate’s SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate’s request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: ______________________  10-Digit Center ID #: ______________________
Center Name: ______________________
Phone Number: (_____ ) _____ . ______  FAX Number: (_____ ) _____ . ______
E-mail: ______________________

I have reviewed this application and confirm that it is complete.

GED Chief Examiner’s Signature ______________________  Date _______________

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable or documentation is currently on file with the candidate’s school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated.

Please indicate your role:  [ ] Professional Diagnostician  [ ] Advocate

Name of Professional Making Diagnosis (please print): ______________________
Phone Number: (_____ ) _____ . ______
Licensure or Certification: ______________________  Expiration Date: ___/___/____
State/Province/Territory: ______  Specialty: ______________________
Name of Advocate (please print): ______________________
Relationship to Candidate (please print): ______________________
Phone Number: (_____ ) _____ . ______

Professional Making Diagnosis or Advocate’s Signature ______________________  Date _______________

PCH - page 1 of 3
Section 3A: Physical/Chronic Health Disability

To request accommodations for a Physical/Chronic Health disability, the current level of impairment and resulting functional limitations must be clearly documented, as well as any history that can be provided.

Documentation must include a letter on official letterhead, signed by a qualified professional, stating the diagnosed disability and providing supporting documentation of this disability.

Documentation for those candidates that have a Physical/Chronic Health disability should reflect current functional limitations.

☐ Supporting documentation on professional diagnosticians’s letterhead attached. (Required.)

Condition:
☐ Visual Impairment - Describe:
☐ Hearing Impairment - Describe:
☐ Mobility Impairment - Describe:
☐ Other Impairment - Describe:

Functional Limitations:

Recommended Accommodations:

Rationale for Accommodations:

Section 3B: Requested Accommodations

Please identify those accommodations that support the diagnosed disability.

☐ Extended Time (please specify):  ☐ 1-1/2 times ☐ 2 times ☐ Other: _________

☐ Audiocassette (time-indexed) (requires extended testing time, generally double time)
  ☐ 2 times ☐ Other: _________

The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test. Audiocassette Version prior to the scheduled testing date.

☐ Braille
☐ Scribe
☐ Calculator for Part II
☐ Talking Calculator for Entire Mathematics Test
☐ Private Room
☐ Supervised Breaks (specify in minutes):
  Uninterrupted testing time: __________ minutes, break time: __________ minutes
☐ Other: _________

General Educational Development (GED) Testing Service will not discriminate against candidates for testing on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, sex, sexual orientation, pregnancy, marital status, physical or mental disability, age, veteran status, and national origin.
Request for Testing Accommodations
Physical/Cronic Health Disability

Section 4: To be completed by GED Administrator

This section should be completed by the GED Administrator after reviewing the request for accommodations to document the outcome of the review.

☐ Approved For:

☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: ____________

☐ Audiocassette (tone-indexed) (requires extended testing time, generally double time)

☐ 2 times ☐ Other: ____________

The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test-Audio Cassette Version prior to scheduled testing date.

☐ Braille

☐ Scribe

☐ Calculator for Part II

☐ Talking Calculator for Entire Mathematics Test

☐ Private Room

☐ Supervised Breaks (specify in minutes):

Uninterrupted testing time: ____________ minutes, break time: ____________ minutes.

☐ Other: ____________

☐ Returned for more information. Date Returned: ____________ / ____________ / ____________

Reasons for returning request:

____________________________________________________________________________________

____________________________________________________________________________________

☐ Request forwarded to GEDTS for review (explain reasons below.) Date Forwarded: ____________ / ____________ / ____________

Reasons for forwarding request to CEDTS for review:

____________________________________________________________________________________

____________________________________________________________________________________

GED Administrator’s Signature __________________________ Telephone Number __________________________ Date ____________
Request for Testing Accommodations
Emotional/Mental Health

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: ___________________________  First Name: ___________________________
Social Security or Social Insurance Number: ___________________________  Birth Date: ______/____/____  Age: ______
Address: ________________________________________________________________
City: ___________________________  State/Province/Territory: ___________  ZIP/Postal Code: ___________________________
Phone Number: (_____) _______ ___________________  Candidate’s Signature ___________________________

Release of information: If you are under 18 years of age, your parent or guardian’s signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Parent or Guardian’s Signature (if appropriate): ___________________________  Date: ___________

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate’s SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate’s request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: ___________________________  10-Digit Center ID #: ___________________________
Center Name: ____________________________________________________________
Phone Number: (_____) _______ ___________________  FAX Number: (_____) _______ ___________________
E-mail: ___________________________

I have reviewed this application and confirm that it is complete.

GED Chief Examiner’s Signature ___________________________  Date: ___________

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostian’s report if the professional is unavailable or documentation is currently on file with a candidate’s school district. An advocate is someone other than the professional diagnostian who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last 6 months. However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role:  ☐ Professional Diagnostian  ☐ Advocate

Name of Professional Making Diagnosis (please print): ____________________________________________
Phone Number: (_____) _______ ___________________  Date of Assessment: ______/____/____
Licensure or Certification: Expiration Date: ______/____/____  State/Province/Territory: ___________  Number: ___________  Specialty: ___________
Name of Advocate (please print): ____________________________________________
Relationship to Candidate (please print): ____________________________________________
Phone Number: (_____) _______ ___________________  Professional Making Diagnosis or Advocate’s Signature: ___________________________

EMH - page 1 of 3  Date: ______/____/____
Section 3A: Emotional/Mental Health Impairment

To be completed by the professional diagnostician or person helping you complete this form.

To request accommodations for an Emotional/Mental Health disability, the current level of impairment and resulting functional limitations must be clearly documented, as well as any history that can be provided. Documentation should also state a specific recommendation(s) for accommodations and the accompanying rationale.

Documentation must include a letter on official letterhead, signed by a certifying professional who specializes in the diagnosis of the disability, and providing supporting documentation of this disability.

☐ Supporting documentation on professional diagnostician’s letterhead attached. (Required.)

DSM-IV Code: ____________________________ Diagnosis: ____________________________

Condition: ____________________________

Functional Limitations: ____________________________

Recommended accommodation(s): ____________________________

Rationale for accommodation(s): ____________________________

Section 3B: Requested Accommodations

Please identify those accommodations that support the diagnosed disability.

☐ Extended Time (please specify): 1-1/2 times 2 times Other: ____________________________

☐ Audiocassette (tone-indexed) (requires extended testing time, generally double time)

☐ 2 times  Other: ____________________________

The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test. Audiocassette Version prior to scheduled testing date.

☐ Braille

☐ Scribe

☐ Calculator for Part II

☐ Talking Calculator for Entire Mathematics Test

☐ Private Room

☐ Supervised Breaks (specify in minutes):

Uninterrupted testing time: __________ minutes, break time: __________ minutes

☐ Other: ____________________________

Section 3C: Other Information and Supporting Documents

This section may be completed by the candidate or by his or her certifying professional or advocate. Provide any additional information you wish to be considered when this request for accommodations is reviewed.

General Educational Development (GED) Testing Service will not discriminate against candidates for testing on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, sex, sexual orientation, pregnancy, marital status, physical or mental disability, age, veteran status, and national origin.
Section 4: To be completed by GED Administrator

This section should be completed by the GED Administrator after reviewing the request for accommodations to document the outcome of the review.

☐ Approved For:
  ☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: _________
  ☐ Audio cassette (tape-indexed) (requires extended testing time, generally double time)
    ☐ 2 times ☐ Other: _________
    The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test-Audio cassette Version prior to scheduled testing date.

☐ Braille
☐ Scribe
☐ Calculator for Part II
☐ Talking Calculator for Entire Mathematics Test
☐ Private Room
☐ Supervised Breaks (specify in minutes):
  Uninterrupted testing time: _________ minutes, break time: _________ minutes

☐ Other: _________

☐ Returned for more information.    Date Returned: _______ / _______ / _______

Reasons for returning request:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Request forwarded to GEDTS for review (explain reasons below).    Date Forwarded: _______ / _______ / _______

Reasons for forwarding request to GEDTS for review:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

GED Administrator’s Signature    Telephone Number    Date

________________________________________________________________________
Request for Testing Accommodations
Learning and Other Cognitive Disabilities

Section 1: To be completed by GED Candidate

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

LastName: ____________________  FirstName: ____________________
Social Security or Social Insurance Number: ____________  BirthDate: __ / __ / ______  Age: ______
Address: ____________________  State/Province/Territory: ____________  ZIP/Postal Code: ____________
City: ________________________  Phone Number: (______) _____ - ________

Release of information: If you are under 18 years of age, your parent or guardian’s signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate’s Signature: ____________________  Parent or Guardian’s Signature (if applicable): ____________________  Date: ____________

Section 2: To be completed by GED Chief Examiner

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate’s SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate’s request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: ____________________  10-Digit Center ID #: ____________________
Center Name: ____________________
Phone Number: (______) _____ - ________  FAX Number: (______) _____ - ________
E-mail: ____________________

I have reviewed this application and confirm that it is complete.

GED Chief Examiner’s Signature: ____________________  Date: ____________

Section 3: To be completed by Professional Diagnostician or Advocate

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable or documentation is currently on file with a candidate’s school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last 5 years. However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role:  ☐ Professional Diagnostician  ☐ Advocate

Name of Professional Making Diagnosis (please print): ____________________
Phone Number: (______) _____ - ________  Date of Assessment: __ / __ / ______
Highest Degree and Area of Specialization: ____________________
License Number: ____________________  Expiration: __ / __ / ______
State/Province/Territory: ____________________

Name of Advocate (please print): ____________________
Relationship to Candidate (please print): ____________________
Phone Number: (______) _____ - ________

Professional Making Diagnosis or Advocate’s Signature: ____________________

☐ LD - page 1 of 5  Date: __ / __ / ______
# Request for Testing Accommodations

**Learning and Other Cognitive Disabilities**

## Section 3A: Measurement of Academic Achievement (Standard Scores)

To be completed by the professional diagnostician or advocate.

<table>
<thead>
<tr>
<th>Date(s) of Assessment(s):</th>
<th>MM / DD / YYYY</th>
</tr>
</thead>
</table>

**Test Used (select one):**

| WJ-R | WJ-III, Ach. | WIAT-I | WIAT-II |

**Current Achievement (Include Standard Scores):**

<table>
<thead>
<tr>
<th>Broad Reading:</th>
<th>Broad Math:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word Identification:</td>
<td>Calculation:</td>
</tr>
<tr>
<td>Comprehension:</td>
<td>Applied Problems:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Broad Written Language:</th>
<th>Broad Knowledge:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dictation:</td>
<td>Skills:</td>
</tr>
<tr>
<td>Writing Sample:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Other Primary Tests Accepted (if Woodcock Johnson or Wechsler not used):**

| PIAT-R/NU | PIAT-R | K-TEA | K-TEA/NU | WRMT-R/NU | Key Math - R/NU |

**Current Achievement (Include Standard Scores):**

<table>
<thead>
<tr>
<th>Subtest Name</th>
<th>Subtest Score:</th>
<th>Standard Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subtest Name</td>
<td>Subtest Score:</td>
<td>Standard Score:</td>
</tr>
<tr>
<td>Subtest Name</td>
<td>Subtest Score:</td>
<td>Standard Score:</td>
</tr>
</tbody>
</table>

This information must be completed by the psychological diagnostician or advocate if the professional is different than the professional listed in section 3.

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable or documentation is currently on file with a candidate’s school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate’s ability to take the test under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be viewed as sufficiently current if it has been completed within the last 5 years. Older documentation will also be considered; however, if that is all that the candidate can provide without undue burden or expense.

- [ ] Check here if you are also the professional diagnostician listed in Section 3

**Please indicate your role:**

- [ ] Psychological Diagnostician
- [ ] Advocate

**Name of Psychologist (please print):**

Phone Number: (_______) - ______ FAX Number: (_______) - ______

**Highest Degree and Area of Specialization:**

License Number: ______ Expiration: MM / DD / YYYY State/Province/Territory: ______

**Name of Advocate (please print):**

Relationship to Candidate (please print): ______

Phone Number: (_______) - ______

**Psychologist Making Diagnosis or Advocate’s Signature:**

Date: MM / DD / YYYY
Section 3B: Measurement of Potential or Intelligence (Test Scores)

To be completed by the professional diagnostian or advocate.

Date(s) of Assessment(s): ___/___/____

<table>
<thead>
<tr>
<th>Test Used:</th>
<th>WISC-III</th>
<th>WAIS-III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal IQ:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance IQ:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Scale IQ:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Index Scores:

- Working Memory (WMI):
- Processing Speed:
- Perceptual Organization (POI):
- Verbal Comprehension (VCI):

Subtest Scaled (i.e., Standard) Score: (mean of 10 with range of 1-19):

- Information:
- Similarities:
- Object Assembly:
- Digit Span:
- Letter-Number:
- Coding (WISC-III):
- Vocabulary:
- Sequencing:

Attention:

- Picture Completion:
- Matrix:
- Comprehension:
- Picture Arrangement:
- Reasoning (WISC-III):
- Block Design:
- Symbol Search:

Test Used:

- SB-IV
- SB-V

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Standard Score</th>
<th>Estimated Age Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Reasoning:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstract/Visual Reasoning:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantitative Reasoning:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Term Memory:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Composite:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Test Used:

- WJ-III, Cog

<table>
<thead>
<tr>
<th>Subtest</th>
<th>Percentile Rank (Age)</th>
<th>Standard Score (Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Comprehension:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual-Auditory Learning:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbers Reversed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Matching:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sound Blending:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spatial Relations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concept Formation:</td>
<td></td>
<td>GIA Score:</td>
</tr>
</tbody>
</table>
Section 3C: Diagnosed Disability

The professional diagnostician or advocate must select all appropriate diagnosed disabilities.

Specific Learning Disabilities (check all that apply)

☐ Reading Disability (identify: ________________)
☐ Mathematics Disability (identify: ________________)
☐ Written Language Disability (identify: ________________)
☐ Other cognitive disabilities (list all that apply):

________________________________________
________________________________________

DSM-IV Code(s): ________________

Section 3D: Requested Accommodations

Please identify those accommodations that support the diagnosed disability.

☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: _____________

☐ Audiocassette (tape-indexed) (requires extended testing time, generally double time)
  ☐ 2 times ☐ Other: _____________

  The use of this accommodation requires practice. Candidates should have an opportunity to practice using
  an Official GED Practice Test. Audiocassette Version prior to the scheduled testing date.

☐ Scribe
☐ Calculator for Part II
☐ Talking Calculator for Entire Mathematics Test
☐ Private Room

☐ Supervised Breaks (specify in minutes):
  Uninterrupted testing time: _____________ minutes, break time: _____________ minutes

☐ Other: ____________________________________________________________________________

Section 3E: Other Information and Supporting Documents

This section may be completed by the candidate or by his or her certifying professional or advocate. Provide any additional information you wish to be considered when this request for accommodations is reviewed.

_________________________________________________________________________________
_________________________________________________________________________________

General Educational Development (GED) Testing Service will not discriminate against candidates for testing on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, sex, sexual orientation, pregnancy, marital status, physical or mental disability, age, veteran status, and national origin.
Request for Testing Accommodations
Learning and Other Cognitive Disabilities

Section 4: To be completed by GED Administrator

This section should be completed by the GED Administrator after reviewing the request for accommodations to document the outcome of the review.

☐ Approved For:
☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: ________

☐ Audiocassette (tone-indexed) (requires extended testing time, generally double time)
☐ 2 times ☐ Other: ________

The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test-Audiocassette Version prior to scheduled testing date.

☐ Braille
☐ Scribe
☐ Calculator for Part II
☐ Talking Calculator for Entire Mathematics Test
☐ Private Room
☐ Supervised Breaks (specify in minutes):
  Uninterrupted testing time: ________ minutes, break time: ________ minutes
☐ Other: ________

☐ Returned for more information.

Date Returned: ________ / ________ / ________

Reasons for returning request:

__________________________________________________________

__________________________________________________________

☐ Request forwarded to GEDTS for review (explain reasons below.)

Date Forwarded: ________ / ________ / ________

Reasons for forwarding request to GEDTS for review:

__________________________________________________________

__________________________________________________________

GED Administrator’s Signature

Telephone Number

Date

LD - page 5 of 5
# Request for Testing Accommodations

## Attention-Deficit/Hyperactivity Disorder

**Section 1: To be completed by GED Candidate**

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security or Social Insurance Number:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State/Province/Territory:</td>
</tr>
<tr>
<td>Phone Number: ( ) -</td>
<td></td>
</tr>
</tbody>
</table>

**Release of information:** If you are under 18 years of age, your parent or guardian’s signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

| Candidate’s Signature | Parent or Guardian’s Signature (if appropriate) | Date |

**Section 2: To be completed by GED Chief Examiner**

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate’s SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate’s request. Sign and date the form before sending it to your GED Administrator.

<table>
<thead>
<tr>
<th>Chief Examiner Name:</th>
<th>10-Digit Center ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center Name:</td>
<td></td>
</tr>
<tr>
<td>Phone Number: ( ) -</td>
<td>FAX Number: ( ) -</td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

I have reviewed this application and confirm that it is complete.

| GED Chief Examiner’s Signature | Date |

**Section 3: To be completed by Professional Diagnostician or Advocate**

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician’s report if the professional is unavailable or documentation is currently on file with a candidate's school district. An advocate is someone other than the professional diagnostician who helps the candidate request testing accommodations. The professional’s report must indicate certification or licensure. Documentation and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate's ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be reviewed as sufficiently current if it has been completed within the last 3 years. However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

Please indicate your role:  [ ] Professional Diagnostician  [ ] Advocate

<table>
<thead>
<tr>
<th>Name of Professional Making Diagnosis (please print):</th>
<th>Date of Assessment: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number: ( ) -</td>
<td></td>
</tr>
<tr>
<td>Licensure or Certification:</td>
<td>Expiration Date: / /</td>
</tr>
<tr>
<td>State/Province/Territory:</td>
<td>Number:</td>
</tr>
<tr>
<td>Name of Advocate (please print):</td>
<td></td>
</tr>
<tr>
<td>Relationship to Candidate (please print):</td>
<td></td>
</tr>
<tr>
<td>Phone Number: ( ) -</td>
<td></td>
</tr>
</tbody>
</table>

| Professional Making Diagnosis or Advocate’s Signature |  |

**ADD/ADHD - page 1 of 4**

Date: / /
Section 3A: Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder (ADHD)

To request accommodations for ADHD, the current level of impairment and resulting functional limitations must be clearly documented, as well as the history of those impairments and limitations. Documentation must include a letter on official letterhead, signed by a psychiatrist, medical doctor, or psychologist who specializes in the diagnosis of ADHD, stating the diagnosis of ADHD and providing supporting diagnostic evidence of this disability.

Diagnostic evidence may include a developmental history that defines symptom onset, as well as the results from a specific test of attention such as the TOVA Gordon Diagnostic Battery or the CPT (Conners’ Continuous Performance Test).

Information presented must clearly document how the ADHD substantially limits the candidate’s current ability to take the GED Tests under standard conditions, and identify the accommodations that are requested in light of those limitations. Further, the documentation must confirm that the ADHD symptoms are not due to other emotional/mental health factors. A DSM-IV diagnosis must be included with the certifying professional’s or advocate’s signature attesting to the diagnosis of ADHD.

☐ Supporting documentation on professional diagnosticians’s letterhead attached. (Required.)

DSM-IV Diagnosis Code: Indicate all that apply.

☐ 314.01 Attention-Deficit/Hyperactivity Disorder Combined Type
☐ 314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
☐ 314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type
☐ 314.9 Attention-Deficit/Hyperactivity Disorder, Not Otherwise Specified

Functional Limitation(s):

 Recommended Accommodation(s):

Rationale for Accommodation(s):
Section 3B: Requested Accommodations

Please identify those accommodations that support the diagnosed disability.

☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: _______________

☐ Audiocassette (tape-indexed) (requires extended testing time, generally double time)
  ☐ 1 times ☐ Other: _______________

  The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test. Audiocassette Version prior to the scheduled testing date.

☐ Braille

☐ Scribe

☐ Calculator for Part II

☐ Talking Calculator for Entire Mathematics Test

☐ Private Room

☐ Supervised Breaks (specify in minutes):
  Uninterrupted testing time: __________ minutes, break time: __________ minutes

☐ Other: _______________

Section 3C: Other Information and Supporting Documents

This section may be completed by the candidate or by his or her certifying professional or advocate. Provide any additional information you wish to be considered when this request for accommodations is reviewed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

General Educational Development (GED) Testing Service will not discriminate against candidates for testing on the basis of any legally protected characteristic, including but not limited to, race, color, religion, sex, sexual orientation, pregnancy, marital status, physical or mental disability, age, veteran status, and national origin.
Section 4: To be completed by GED Administrator

This section should be completed by the GED Administrator after reviewing the request for accommodations to document the outcome of the review.

☐ Approved For:
  ☐ Extended Time (please specify): ☐ 1-1/2 times ☐ 2 times ☐ Other: __________

  ☐ Audiocassette (tone-indexed) (requires extended testing time, generally double time)
    ☐ 2 times ☐ Other: __________

  **The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test. Audiocassette Version prior to the scheduled testing date.**

☐ Braille

☐ Scribe

☐ Calculator for Part II

☐ Talking Calculator for Entire Mathematics Test

☐ Private Room

☐ Supervised Breaks (specify in minutes):
  uninterrupted testing time: __________ minutes, break time: __________ minutes

☐ Other: __________

☐ Returned for more information.

  Date Returned: MM DD YYYY

  Reasons for returning request:

  _______________________________________________________

  _______________________________________________________

☐ Request forwarded to GEDTS for review (explain reasons below.)

  Date Forwarded: MM DD YYYY

  Reasons for forwarding request to GEDTS for review:

  _______________________________________________________

  _______________________________________________________

GED Administrator’s Signature  Telephone Number  Date
Checklist for Completing
Testing Accommodations Request Form(s)

Section 1: Checklist for GED Candidate

This checklist can be used to assist you and the Chief Examiner with properly completing the accommodations request forms. If your application is incomplete, the Chief Examiner should tell you. You do not need to submit this form with your request.

LastName: ___________________________ FirstName: ___________________________
Social Security or Social Insurance Number: ___________________________

Be sure to ask the center staff any questions about any part of the documentation/request process that you do not understand.

☑ Obtain appropriate disability forms from the test center staff at your local GED Testing Center or online at www.gedtest.org.

☑ Be sure the GED Candidate section at the top of the request for accommodation form(s) is complete and accurate.

☑ Be sure to sign the signature line of the request for accommodation form(s). If you are under the age of 18, a parent or guardian must also sign.

☑ Be sure the professional diagnostician has completed all of the appropriate sections. Your advocate may assist you by copying information from your medical and/or educational records onto your request for accommodations form(s).

☑ Return your completed request for accommodations form(s) and all supporting documentation to the GED Chief Examiner at the testing center where you will take your test.

Date document returned to Chief Examiner: ___________________________

Section 2: Checklist for GED Chief Examiner

☑ Provide the candidate with the appropriate accommodation request form and/or refer the candidate to www.gedtest.org.

☑ Provide any reasonable resources to the candidate as appropriate (e.g., information on how to complete the form, test schedules for your test center, brochures/pamphlets).

☑ When the candidate returns with the request form(s), review the form(s) with the candidate to be sure all information is complete and all relevant supporting documentation is attached.

Request is not complete:

☑ Return application to candidate for additional information/documentation. Provide the candidate with specific written directions for properly completing the form(s).

Date returned: ___________________________

Items needed to complete the form(s):

________________________________________

________________________________________

Request is complete:

☑ Request sent to GED Administrator.

Date sent: ___________________________

General Educational Development (GED) Testing Service will not discriminate against candidates for testing on the basis of any legally protected characteristic, including, but not limited to, race, color, religion, sex, sexual orientation, pregnancy, marital status, physical or mental disability, age, veteran status, and national origin.
Testing Accommodations Appeal

Section 1: To be completed by GED Candidate

Dear Candidate:

You or the person who is helping you complete this form may initiate an appeal of a decision to deny any requested accommodation. Please complete this form with all of the requested information. The GED Examiner will complete Section 2. Once you complete this form, attach any additional documentation that may help with the decision process, and return this form to the GED Chief Examiner at the Official GED Testing Center where you started the accommodations process.

Last Name: ____________________________ First Name: ____________________________
Social Security or Social Insurance Number: ____________________________ Birth Date: ___/___/____
Address: ____________________________ State/Province/Territory: ____________________________ ZIP/Postal Code: ____________________________

Please attach a copy of your original Request for Testing Accommodations form and any additional documentation in support of your appeal.

Please describe your situation and your reasons for appealing the decision regarding your testing accommodations request. Attach additional pages if your appeal requires additional documentation:

______________________________

Candidates’ Signature: ____________________________

Section 2: To be completed by GED Chief Examiner

Chief Examiner: ____________________________ State/Province: ____________________________
Center ID: ____________________________ Center Name: ____________________________
Phone Number: (_____) ______ FAX Number: (_____) ______
Date Initial Testing Accommodation Request Submitted: ___/___/____ Date of Response: ___/___/____

Disability Type:

☐ Specific Learning Disability ☐ Attention-Deficit/Hyperactivity Disorder
☐ Physical or Chronic Health Condition ☐ Emotional or Mental Health Condition

Section 3: To be completed by Professional Diagnostician or Advocate

Please indicate your role: ☐ Professional Diagnostician ☐ Advocate

Name of Professional Making Diagnosis (please print): ____________________________
Phone Number: (_____) ______ Date of Assessment: ___/___/____
Highest Degree and Area of Specialty: ____________________________
Licensure or Certification: State / Province: ____________________________ Number: ____________________________
Name of Advocate (please print): ____________________________
Employment of Advocate (please print): ____________________________ Education Level of Advocate (please print): ____________________________

Professional/Advocate’s Signature: ____________________________

Testing Accommodations Appeal - page 1 of 2
Section 4: To be completed by GED Administrator

☐ Approved for:

☐ Extended Time (please specify):  ☐ 1-1/2 times  ☐ 2 times  ☐ Other: ____________

☐ Audiocassette (tone indexed) (will require extended testing time, generally double time)

☐ 2 times  ☐ Other: ____________

*The use of this accommodation requires practice. Candidates should have an opportunity to practice using an Official GED Practice Test: Audiocassette Version prior to the scheduled testing date.*

☐ Braille

☐ Scribe

☐ Calculator for Part II

☐ Talking Calculator for Entire Mathematics Test

☐ Private Room

☐ Supervised Breaks (specify in minutes):

Uninterrupted testing time: ________ minutes, break time: ________ minutes

☐ Other: ____________________________

☐ Appeal forwarded to GEDTS for review (explain reasons below).

☐ Not approved (explain reasons below).

Signature of Administrator ____________ Telephone Number ____________ Date ____________

Reasons for forwarding appeal to GEDTS for review:

____________________________________________________________________________________

____________________________________________________________________________________

Reasons for not approved:

____________________________________________________________________________________

____________________________________________________________________________________

Section 5

☐ Requested by Administrator  ☐ Requested by Candidate
Appendix B

DOE Memorandum: Request for Testing Accommodations Forms
MEMORANDUM

TO: GED Chief Examiners
FROM: Christine Davis
State Chief Examiner, GED
DATE: April 22, 2005
SUBJECT: Request for Testing Accommodations Forms

The General Educational Development Testing Service (GEDTS) is pleased to launch the new “Request for Testing Accommodations” forms. Several different groups including GED Administrators, GEDTS staff, and GED disability consultants, reviewed these forms to ensure compliance with law. In addition, GEDTS worked with the US Department of Education, the Office of Civil Rights, and the American Council on Education legal counsel throughout the entire development process.

GEDTS replaced the existing L-15 Form and SA-100 Form with four distinct review forms covering specific disabilities. The new forms are designed so that the correct form to use can be easily identified based on the candidate’s specific disability. Further, extra care was taken to ensure consistency of basic information and consistency of definitions required for documentation across all forms. GEDTS has also redesigned the assessment testing sections of the forms so that information can be easily input.

The forms are:

- Request for Testing Accommodations–Learning and Other Cognitive Disabilities;
- Request for Testing accommodations–Emotional/Mental Health Disability;
- Request for Testing Accommodations–Attention-Deficit/Hyperactivity Disorder (AD/HD);
- Request for Testing Accommodations–Physical/Chronic Health Disability.

On all forms:

- **Section 1** is for candidate information. As before, it is important that the candidate sign the application, and if they are under 18, the signature of a parent or guardian must be provided.
Section 2 is for test center information. The Chief Examiner should complete this section and review the entire application for completeness before signing the form and forwarding it on to the GED Administrator for a decision.

Section 3 is for the professional diagnostician or advocate to complete. As long as the advocate has the documentation available to them, they can copy the information from the documentation onto the forms.

The GED Administrator completes Section 4. A decision should be made from the application and the documentation submitted.

In addition, a new Testing Accommodations Appeal Form was designed. The GED Chief Examiner or GED Examiner should use it to notify the GED Administrator that the candidate wishes to appeal the decision made on the original accommodations request.

A Checklist for Completing Testing Accommodations Request Form(s) was developed as a tool to assist the candidate and the Chief Examiner with completing the forms appropriately. It is not necessary for this form to be submitted with the request.

Requests for Additional Copies: All of the forms will be available for downloading and printing from the redesigned GEDTS web site later this month. Electronic versions are available from the Department of Education. Please contact me at Christine.Davis@fldoe.org for copies. Please note that although the forms are in color it is not necessary to print them in color and it is acceptable to photocopy them.

When Do We Start? You and your Examiners may continue to process all L-15 or SA001 forms that have been submitted by candidates for review or which may be pending a decision over an appeal. Please ask your Chief Examiners or Examiners to begin using these new forms immediately for candidates who are new applicants seeking accommodations. Unused copies of the L-15 or SA001 forms should be destroyed.

I received certification to approve accommodated testing requests after attending a two-day training in Washington, D.C. This certification allows me to approve the majority of the accommodations requests; therefore, you will receive status notification of requests within ten (10) working days. There will continue to be certain requests that cannot be approved in-state and these will be forwarded to GEDTS for approval. I will be conducting a concurrent session about how to apply for accommodations using these forms at the GED Symposium in June. Because there is so much new information, I strongly recommend that you attend this session.

CD/wt

Attachments
Appendix C

Sample Letters
Sample letter for Attention-Deficit/Hyperactivity Disorder

Certifying Professional’s Letterhead

[Date information]

[Address information]

Dear Sir or Madam:

I've been following (candidate’s name) since early childhood and starting treating him/her in (Year) for AD/HD and some mild depression at the time. On his/her rating scale score sheets, he/she was very high risk at that time for inattention, hyperactivity, and impulsivity and for academic performance as well as social interaction. He/she also had some difficulty with anger control at that time. We do not have results of any intelligence testing that was done, but I do believe that his/her difficulties at school were related primarily to Attention-Deficit/ Hyperactivity Disorder and not to a specific learning disability.

My impression is AD/HD combined type, which is a DMV-IV-TR diagnosis of 314.01. This would certainly qualify him/her for special accommodations for his/her GED testing. Please provide (candidate’s name) with a private room and extended time (double time). The private room is necessary to curtail distractions that come from both anxiety and learning. Also double time is being requested because (candidate’s name) lacks efficient reading skills and needs extra time to work with his/her processing problems.

Thank You,

[Certifying professional]
[License information]
[Date information]

[Address information]

Dear Sir or Madam:

(Candidate’s name) is under my care for management of his/her seizure disorder. He/She underwent a right (disability/condition) in (Year) and since that time he/she has been essentially seizure free with continued anticonvulsant medications.

From a seizure standpoint, (candidate’s name) has done very well and the epilepsy should not prove to be an inhibitor in the quest to further his/her education. However, he/she does have some problems with memory related to medication side effects and residual effects from surgery; therefore, he/she may require some special consideration with regards to test taking as he/she will likely need additional time to complete his/her tests (double time). He/She may also benefit from tutoring in order to give him/her added reinforcement of study materials.

Thank you, in advance for your consideration in this matter.

Sincerely,

[Certifying professional]
[License information]
[Date information]

[Address information]

Dear [Sir or Madam]:

This is to verify that (candidate’s name) is a patient of mine and under my professional care. My diagnosis is: Bipolar Affective Disorder, which is a DMV-IV-TR diagnosis of _____. Bipolar Affective Disorder causes difficulty in concentration and organization of thought, and can cause (candidate’s name) the need to process information too quickly. Allowing (him/her) more time (double time) to be able to come up with the correct answer on the GED would be greatly beneficial to his/her success.

If you have any questions please contact me at my office anytime.

Sincerely,

[Certifying Professional’s]
[Licensure information]
Appendix D

Acronyms and Definitions
Acronyms and Definitions

**ADA: Americans with Disabilities Act** assures that individuals with disabilities, whose disabilities are documented by a professional qualified in the area of that disability, have legal rights to ensure that they are not denied access to education, training programs, and employment on the basis of their disability rights under federal and state laws.

**AD/HD: Attention-Deficit/Hyperactivity Disorder** is a condition affecting children and adults that is characterized by problems with attention, impulsivity, and over activity.

**APA: American Psychological Association** is based in Washington, DC, and is a scientific and professional organization that represents psychology in the United States. With 150,000 members, APA is the largest association of psychologists worldwide.

**Assessment Instruments:** A specific diagnosis is made by a person with professional credentials/certification appropriate to make the diagnosis (e.g., psychiatric disability: psychiatrist/psychologist; LD: educational/neuro/clinical psychologist; visual disability: ophthalmologist). The diagnosis is specific and, when appropriate, relates the specific disability to the applicable professional standards (e.g., DSM-IV TR for AD/HD and psychiatric diagnoses). A student's functional limitations in learning result from his or her disability. They address, specifically, how the student's daily academic functioning is impacted. Historical information (developmental, educational, and/or medical history) and standardized tests using national norms support both the diagnosis and functional limitations.

Any one (1) of the following instruments are used to measure a student's cognitive abilities:

- **WAIS-III—Wechsler Adult Intelligence Scales—Third Revision**
- **Woodcock-Johnson Tests of Educational Achievement (R, III)**
- **Wechsler Individual Achievement Tests (I, II)**.

**ATS: Accommodations Tracking Sheet** is a form used by GEDTS to track candidates who receive accommodations and to monitor how they are using the accommodations.

**CPT: Conners’ Continuous Performance Test** is an attention test that is widely used in AD/HD research and clinical assessments for respondents aged six (6) or older. Response patterns on the CPT II provide information that enables the practitioner to better understand the type of deficits that might be present. For example, some response patterns suggest inattentiveness or impulsivity, while other response patterns may indicate activation/arousal problems or difficulties maintaining vigilance.

**Current Achievement:** Current achievement scores give an indication of how well an individual has learned in specific content areas such as reading and math. Individual achievement subtest scores must be reported as standard scores. Since IQ scores are also
standard scores, a comparison of ability and current achievement is necessary during the State GED Administrator’s review.

**Date of Assessment:** Because a qualifying disability must substantially limit one of life’s major activities, it is important that any measurement or assessment of this impact be current. Current testing also helps ensure that the accommodations provided are relevant to the candidate’s current learning needs. For this reason, GEDTS requires that educational test scores be as current as possible. While each case should be evaluated on an individual basis based upon all documentation presented, the general requirement is that the test, which measures academic achievement, should be no older than five (5) years old.

If any of the other primary tests are being presented to request accommodations, identify the subtest name, subtest scores, and standard scores.

**DSM-IV-TR:** The standard diagnostic tool used by mental health professionals worldwide to promote reliable research, accurate diagnosis, and thus appropriate treatment and patient care. Each psychiatric disorder with its corresponding diagnostic code is accompanied by a set of diagnostic criteria and descriptive details including associated features, prevalence, familial patterns, age-, culture-, and gender-specific features, and differential diagnosis within this publication by the DSM-IV code.

**EMH: Emotional/Mental Health Disability.**

**GED:** General Educational Development Tests are designed to provide an opportunity for adults who have not graduated from high school the chance to earn a high school-level diploma. This is accomplished by achieving 70% of the major academic skills and knowledge associated with a high school program of study that graduating seniors know, with increased emphasis on workplace readiness and higher education.

**GEDTS:** General Educational Development Testing Service is the national agency that has the responsibility over the proper administration, supervision, and over site of the GED Testing Program.

**Large Print:** A special test produced by GEDTS for visually impaired candidates to help them take the GED.

**LD:** Learning Disabled is a disorder that affects people's ability to either interpret what they see and hear or to link information from different parts of the brain. These limitations can show up in many ways: as specific difficulties with spoken and written language, coordination, self control, or attention. Such difficulties extend to schoolwork and can impede learning to read, write, or do math.

**PCH: Physical/Chronic Health Disability.**
**Prorated Scores:** In some cases, psychologists will prorate IQs. This is a procedure in which the IQ is calculated with less than all of the intended tests. This may occur when a test is invalidated by some event during testing. In other cases, psychologists will drop subtests to create apparent discrepancies or to raise an IQ score.

**SIN: Social Insurance Number** is the identifying number for Social Security Disability Insurance that pays benefits to you and certain members of your family if you are disabled and unable to work; and if you are "insured" (meaning that you previously worked long enough and paid Social Security taxes).

**SSN: Social Security Number** is the identifying number for the United States government program that includes old-age and survivors benefits, contributions and old-age assistance.