

To be completed by Chief Examiners	
Candidate's Last 4 SSN/SIN	

#### 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: Address:	Birth Date:/ Age:
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.
•	healthcare provider(s) to release my education-related records and/or GED Testing Service and its designees in connection with my request
Candidate's Signature	Parent or Guardian's Signature (if appropriate)  Date
Section 2: To be completed	d by GED Chief Examiner
Please review the form to be certain all sections h	have been completed. Record the last four digits of the candidate's SSN/SIN in ssing information may delay the review of the candidate's request. Sign and
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.
CED Chief Examiner's Signature	D (
GED Chief Examiner's Signature	Date
,	d by Professional Diagnostician or Advocate
Section 3: To be completed  This section must be completed by the profession information from the professional diagnostician's with a candidate's school district. An advocate is request testing accommodations. The professional assessment tests must include a clear diagnosis at candidate's ability to take the tests under standar properly evaulated. Documentation will be viewed to	
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# **Request for Testing Accommodations**Learning and Other Cognitive Disabilities

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Candidate's La	st 4 SSN/SIN

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

To be completed by the professional dia	gnostician or advocate.		
Date(s) of Assessment(s): / / / / / Y	YY		
Test Used (select one):			
☐ WJ-R ☐ WJ-III, Ach.	☐ WIAT-II ☐ WIAT-II		
Current Achievement (Include Standar	d Scores):		
Broad Reading: Broad Math:			
Word Identification: Calculation:			
Comprehension:			
Broad Written Language:	Broad Knowledge:		
Dictation:	Skills:		
Writing Sample:	Other:		
Other Primary Tests Accepted (if Wood	lcock Johnson or Weschler not used):		
☐ PIAT-R/NU ☐ PIAT-R ☐ F	K-TEA K-TEA/NU WRMT-R/NU Key Math - R/NU		
Current Achievement (Include Standa	rd Scores):		
Subtest Name:	Subtest Score: Standard Score:		
Subtest Name:	Subtest Score: Standard Score:		
Subtest Name:	Subtest Score: Standard Score:		
Subtest Name:	Subtest Score: Standard Score:		
the professional listed in section 3.  This section must be completed by the professional diacurrently on file with a candidate's school dhelps the candidate request testing accommod Documentation and assessment tests must is limitations that might affect the candidate's requested accommodation can be properly	the psychological diagnostician or advocate if the professional is different than essional diagnostician. Alternatively, an advocate may complete this section agnostician's report if the professional is unavailable or documentation is istrict. An advocate is someone other than the professional diagnostician who odations. The professional's report must indicate certification or licensure. Include a clear diagnosis and provide information on current functional ability to take the tests under standard conditions, so that the rationale for the evaulated. Documentation will be viewed as sufficiently current if it has been cumentation will also be considered, however, if that is all that the candidate can		
Check here if you are also the profession	onal diagnostician listed in Section 3		
<b>Please indicate your role:</b> Psychologist (please print):	ogical Diagnostician Advocate		
Phone Number: ( ) -	FAX Number: ( ) -		
	n:		
	xpiration:/ / State/Province/Territory:		
Name of Advocate (please print):	(111)		
Relationship to Candidate (please print):			
Phone Number: ()			
	cate's Signature:		
	Date://		



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### Section 3B: Measurement of Potential or Intelligence (Test Scores)

To be completed by the professional diagnostician or advocate.

Test Used:  WISC-III WAIS-III  Verbal IQ: Performance IQ: Full Scale IQ:  Index Scores:  Working Memory (WMI): Processing Speed: Perceptual Organization (POI): Verbal Comprehension (VCI):  Subtest Scaled (i.e., Standard) Scores (mean of 10 with range of 1-19):  Information: Similarities: Object Assembly: Digit Span: Letter-Number  Digit Symbol:	-, -
Verbal IQ: Performance IQ: Full Scale IQ:   Index Scores: Processing Speed:	-, -
Index Scores:  Working Memory (WMI): Processing Speed:  Perceptual Organization (POI): Verbal Comprehension (VCI):  Subtest Scaled (i.e., Standard) Scores (mean of 10 with range of 1-19):  Information: Similarities: Object Assembly:  Digit Span: Letter-Number Digit Symbol:	-, -
Working Memory (WMI): Processing Speed:  Perceptual Organization (POI): Verbal Comprehension (VCI):  Subtest Scaled (i.e., Standard) Scores (mean of 10 with range of 1-19):  Information: Similarities: Object Assembly:  Digit Span: Letter-Number Digit Symbol:	-, -
Perceptual Organization (POI): Verbal Comprehension (VCI):  Subtest Scaled (i.e., Standard) Scores (mean of 10 with range of 1-19):  Information: Similarities: Object Assembly:  Digit Span: Letter-Number Digit Symbol:	-, -
Subtest Scaled (i.e., Standard) Scores (mean of 10 with range of 1-19):  Information: Similarities: Object Assembly: Digit Span: Letter-Number Digit Symbol:	-, -
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Digit Span: Letter-Number Digit Symbol:	-, -
	-
Vocabulary: Sequencing: Coding (WISC-III):	
Arithmetic: Picture Completion: Matrix  Comprehension: Picture Arrangement: Pessening (MISC III)	
Comprehension: Picture Arrangement: Reasoning (WISC-III): Symbol Search:	
Block Design: Symbol Search:	-
Test Used:	
SB- IV SB-V	
Subtest Standard Score Estimated Age Score	
Verbal Reasoning:	
Abstract/Visual Reasoning:	
Quantitative Reasoning:	
Short-Term Memory:	
Test Composite: ————————————————————————————————————	
Test Used:	
☐ WJ-III, Cog	
Subtest Percentile Rank (Age) Standard Score (Age)	
Verbal Comprehension:	
Visual-Auditory Learning:	
Numbers Reversed:	
Visual Matching:	
Sound Blending: ————————————————————————————————————	
Spatial Relations:	
Concept Formation: GIA Score:	



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#### Section 3C: Diagnosed Disability

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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):
DOM 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 (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.
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.



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### **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	mes 2 times	Other:
☐ Audiocassette (tone-indexed) (requires external of the second of this accommodation requires pract an Official GED Practice Test-Audiocassette	rice. Candidates should	have an opportunity to practice using
Braille		
Scribe		
Calculator for Part II		
☐ Talking Calculator for Entire Mathematics	Гest	
Private Room		
Supervised Breaks (specify in minutes):  Uninterrupted testing time:	minutes, break time:	minutes
Other:		
Returned for more information.  Reasons for returning request:	Date Returned: _	/
Request forwarded to GEDTS for review (explain Reasons for forwarding request for forwarding request to GEDTS for review (explain Reasons for forwarding request for		Date Forwarded:////
GED Administrator's Signature	Telephone Nun	nber Date