



PHYSICAL DISABILITIES & CHRONIC HEALTH CONDITIONS

GED Testing Service® Accommodation

(Reasonable Adjustment) Request Form

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

SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION:

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

First Name: _____ Last Name: _____

ID Number: _____ Date of Birth: ____ / ____ / ____ Age: _____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (____) _____ - _____ Email: _____

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

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Dates this authorization is valid from: _____ to _____

Candidate's Signature: _____ Date: _____

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

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

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

SECTION 2: REQUESTED ACCOMMODATIONS:

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

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

SECTION 3:

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

Date(s) of assessment: _____

Evaluator's letter or report: The qualified evaluator should provide a detailed letter or report that meets these guidelines:

1. The letter or report is no more than **1** year old
2. The letter or report is printed on the evaluator's letterhead
3. The letter or report is signed by the professional
4. The letter or report includes a specific diagnosis
5. The letter or report includes information about the current impact of the disorder on academic functioning and other activities of daily living
6. The letter or report includes information about the prognosis of the condition
7. The letter or report includes recommended testing accommodations with a rationale for each

Detailed documentation guidelines for Physical Disabilities & Chronic Health Conditions can be found online at: <http://www.gedtestingservice.com/testers/computer-accommodations>, scroll down to Documentation Guidelines and click on the "Download" link for Physical Disabilities & Chronic Health Conditions (PCH).

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

Questions? Email us: accommodations@ged.com