

Part I — Applicant Information

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information (*continued*)

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

Verification Statement to Be Signed by Applicant

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations. I also understand that processing can take approximately four to six weeks from the time the application is complete. If additional information is requested, it may be approximately another two to four weeks from the time the new documentation is received until the review is complete. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting Part III — *Certification of Eligibility: Accommodations History* form, I acknowledge that my request for accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed it. I also understand that ETS does not waive its right to ask the person who completes Part III on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date.

I authorize any person completing Part III — *Certification of Eligibility: Accommodations History* form on my behalf to release this information to ETS upon ETS's request. For quality assurance, the *Certification of Eligibility: Accommodations History* form may be subject to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

I understand that ETS has contracted with an external panel of expert consultants with whom it may consult to augment its in-house expertise. By submitting my request for accommodations, I authorize and provide my consent to ETS to share my personal information as needed concerning this request.

Signature of Applicant

Today's Date

Keep a copy of this completed form for your records.

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

Part II — Accommodations Requested

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

Today's Date: ____ / ____ / ____
Month Day Year

Previously Approved Standardized Testing Accommodations

If you have been approved for testing accommodations by ETS which have not expired and your accommodations are identical to those you are requesting now, please check all tests completed and indicate the month and year:

Program: ☐ GACE® ☐ GRE® ☐ HiSET® ☐ ParaPro ☐ Praxis
☐ School Leadership Series ☐ TOEFL®

Previous test date(s) (month/year): _____

Have you received testing accommodations on another standardized test such as the ACT, SAT, GMAT, LSAT and/or MCAT, etc.?

- ☐ Yes
☐ No

If you checked "Yes" above, please submit a copy of your approval letter(s) from the appropriate agency(ies) which details the accommodations that were granted and respond to the next question.

Are you still experiencing the functional limitations caused by the disability(ies) for which testing accommodations were previously approved on another standardized test?

- ☐ Yes
☐ No

(continued on next page)

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

Part II — Accommodations Requested (*continued*)

REQUESTED ACCOMMODATIONS (Check all that apply)

Extended Testing Time (**NOTE:** All tests are timed; if you are requesting more than 50 percent extended test time, you must submit disability documentation or verification of approval of the same accommodations from another standardized testing agency directly to ETS for review.)

- ☐ 25 percent (time and one-quarter) ☐ 50 percent (time and one-half) ☐ 100 percent (double time)

Extra Breaks. Breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

- ☐ Yes

Accommodations for Computer-delivered Tests

- ☐ Screen magnification
☐ Selectable background and foreground colors
☐ JAWS screen reader (only for applicants who are blind or have low vision)

Alternate Test Formats

- ☐ Braille (only for applicants who are blind or have low vision)
☐ Large-print test book
☐ Large-print answer sheet
☐ Audio recording¹

(continued on next page)

¹ For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

Part II — Accommodations Requested (continued)

(Please Print)

- ☐ Human reader
- ☐ Human scribe
- ☐ Braille slate and stylus for note taking (only for applicants who are blind or have low vision)
- ☐ Perkins brailler for note taking (only for applicants who are blind or have low vision)
- ☐ Sign language interpreter for check-in assistance and spoken directions (only for applicants who are deaf or hard-of-hearing)
- ☐ Oral interpreter for check-in assistance and spoken directions (only for applicants who are deaf or hard-of-hearing and only at test centers)

1. _____
2. _____
3. _____
4. _____
5. _____

Part III — Certification of Eligibility: Accommodations History

The Certification of Eligibility (COE): Accommodations History form serves two distinct purposes:

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PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

Part III — Certification of Eligibility: Accommodations History (*continued*)

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY

The COE can be used in lieu of documentation or as verification of the accommodations used in a postsecondary setting. The authorized professional should initial each of the documentation criteria listed below. Please clearly write your initials for each item.

Does the candidate's documentation...

Yes	No	N/A	
1. _____	_____	_____	Meet the recency guidelines set forth at www.ets.org/disabilities ?
2. _____	_____	_____	Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested?
3. _____	_____	_____	Describe the functional limitations resulting from the diagnosed disability?
4. _____	_____	_____	List the test instruments used in the evaluation report and relevant subtest scores used to document the stated disability? (All test instruments should have adult norms.)
5. _____	_____	_____	Describe the specific accommodation(s) requested and adequately support each requested accommodation?
6. _____	_____	_____	Present itself on official letterhead, typed, signed, and dated by an evaluator qualified to make the diagnosis (include information about license, certification, and area of specialization)?

Part III – Certification of Eligibility: Accommodations History (continued)

Provide the following information regarding the disability documentation on file:

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Part III — Certification of Eligibility: Accommodations History *(continued)*

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

F. Has the applicant used these accommodations for at least one semester or four months?

_____yes _____no

G. Where has the applicant used the accommodations?

- ☐ College/University
☐ Place of Employment
☐ Other (indicate): _____

I certify that the accommodations indicated in Part III – *Certification of Eligibility: Accommodations History* form are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the Educational Testing Service (ETS) Disability Documentation Guidelines, and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations is in line with those guidelines and on file in this office. For quality assurance, Part III – *Certification of Eligibility: Accommodations History* form may be subject to an audit resulting in a review of the actual disability documentation on file.

In the event that ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand that if ETS determines at any time that the applicant's documentation is not in line with ETS's Disability Documentation Guidelines, ETS will withhold or cancel the applicant's score(s).

Part III — Certification of Eligibility: Accommodations History *(continued)*

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

To be signed by an authorized person in the Office of Accessibility/Disability Services, a Human Resources counselor at place of employment or a Vocational Rehabilitation counselor. **NOTE: The evaluator who diagnosed or is treating the individual cannot complete this form.**

Signature of Authorized Professional

Today's Date

Print Name _____

Title

Name of Institution/Agency/Place of Employment

Telephone	Fax #
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Email Address _____

Attach Business Card Here