ets

2026–27

The Praxis Tests and School Leadership Series Assessments

Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs

NOTE: This supplement contains procedures and forms for requesting accommodations for the tests listed above.

Use this supplement **together** with the information and registration form(s) found in the *Praxis* and SLS *Information Bulletins* and/or on each testing program's website, at ***https://praxis.ets.org*** and ***www.ets.org/sls***.

Visit the ETS website at ***www.ets.org/disabilities*** for the most up-to-date information.

CONTACT INFORMATION

All questions related to accommodations should be directed to ETS Disability Services.

ETS Disability Services
Monday – Friday 8:30 a.m. – 5 p.m. U.S. Eastern Time (New York)

Phone: 1-866-387-8602 (toll-free in the U.S., U.S. Territories and Canada)

1-609-771-7780 (all other locations)

General Email Inquiries: ***stassd@ets.org***

Requests for Testing Accommodations: ***disability.reg@ets.org***

Mail:
ETS Disability Services
PO Box 6054
Princeton, NJ 08541-6054 U.S.A.

Courier Service:
ETS Disability Services
660 Rosedale Road
Princeton, NJ 08540

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GENERAL INFORMATION

ETS is committed to serving test takers with disabilities or health-related needs by providing reasonable accommodations that are appropriate given the purpose of the test.

While many test takers with disabilities successfully take the *Praxis* or School Leadership Series Assessment (SLS) with appropriate accommodations, some test takers with disabilities may want to ask their prospective institution or fellowship sponsor whether it is willing to waive the test requirement and consider their application based on other information.

Important: Test takers requesting accommodations MUST complete a *Testing Accommodations Request Form* and submit it to ETS Disability Services. The form may be submitted online, via email, mail or courier service. We strongly encourage using the convenient online registration system. You must submit your request and have your accommodations approved by ETS Disability Services **before** your *Praxis* or SLS test may be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible. Documentation review may take approximately four to six weeks once your request and complete paperwork have been received at ETS. If additional documentation is requested, it may be approximately two to four weeks from the time the new documentation is received until the review is complete. ETS is committed to producing alternate test formats as quickly as possible; however, production times may vary.

Information about *Praxis* or SLS program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information is available in the *Praxis* or SLS *Information Bulletin* and on the *Praxis* or SLS website at ***https://praxis.ets.org*** or ***www.ets.org/sls***. It is recommended you review this information prior to requesting accommodations.

To submit your accommodation request online, you will need to create an ETS account. *Praxis* test takers can go to ***https://praxis.ets.org***; and SLS test takers can go to ***https://www.ets.org/sls***. In your ETS account you may upload documentation and indicate your preferred test date and location. You may also view your approved accommodations and test appointments. In addition, if you are approved for extended test time, extra breaks, screen magnification and/or selectable background and foreground colors, you may also self-schedule your test online through your ETS account. If you are requesting and are approved for accommodations other than the four listed above, you cannot schedule your test online. Your approval letter will provide instructions for scheduling your test.

Using Previously Approved Accommodations

If you were previously approved for accommodations on a *Praxis* or SLS test, review your approval letter to determine if your accommodations approval is still current. If your accommodations have not expired, you may register following the directions on your letter.

If you are registering for a paper-based test, complete Parts I and II of the Accommodations Request Form and the Registration Form even if you are requesting accommodations identical to those approved for you by ETS previously.

If you have received accommodations from ETS for another test (for example, the *TOEFL*® test or GRE) and your accommodations approval is still current, you may request the same accommodations for a *Praxis* or SLS test during the 2026–27 testing year without providing disability documentation. The accommodations ETS previously approved for you will be approved again if they are appropriate for the current test.

If you have received testing accommodations on another standardized test such as the ACT, SAT, GMAT, LSAT and/or MCAT, etc., you may request the same accommodations for the Praxis test during the 2026–27 testing year by submitting a copy of your approval letter. No disability documentation is required. The accommodations approved for you by another testing agency will be granted if they do not violate test construct or test security.

Reduced-distraction Setting

Many test takers request a reduced-distraction setting. The testing centers are designed to have minimal distractions with each test taker assigned to an individual carrel with earplugs or headphones available upon request to further reduce environmental noise.

Pre-approved Personal Items

Certain items are allowed in the testing environment without prior approval. These include, but are not limited to, bandages, spinal cord stimulators, foot stool, lumbar support cushion, service animals and hearing aids/cochlear implant. However, if your hearing aids or cochlear implant have Bluetooth capabilities, accommodations must be requested. The full list of pre-approved personal items for use at test centers is available at ***https://www.prometric.com/files/2020-10/Permissible-items_20201023.pdf***.

If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump which is attached to your body plus the transmitter used to program the pump) or your pump is especially noisy. If the pump cannot be silenced and is likely to disturb other test takers, requesting accommodations is a good idea so you may be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require prior approval; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

STEPS TO REQUEST ACCOMMODATIONS

To request accommodations for a *Praxis* or SLS test, follow the steps below:

1. Complete the *Testing Accommodations Request Form*.
2. Complete the *Praxis* or SLS *Test Authorization Voucher Request Form*.
3. Determine if Disability Documentation is Needed.
4. Submit completed forms.

Detailed information regarding each of these steps is provided in this *Supplement*.

☐ STEP 1: Complete the Testing Accommodations Request Form (if not submitting your materials online)

Complete the *Testing Accommodations Request Form* on pages 10–19 in this *Supplement* or access and complete the form in your ETS account. *Praxis* test takers can go to ***https://praxis.ets.org***; and SLS test takers can go to ***https://www.ets.org/sls***.

Part I — Applicant Information
Complete this section and sign the Applicant's Verification Statement even if you are requesting accommodations identical to those approved for you by ETS previously.

Part II — Accommodations Requested
Complete this section even if you are requesting accommodations identical to those approved for you by ETS previously. If you are requesting accommodations other than those listed in Part II, you must describe them under "Other Accommodations."

Accommodations for Health-related Needs

Health-related needs are most commonly those affecting digestion, immune function, respiration, circulation, endocrine functions, etc., and frequently require only minor accommodations. Documented health needs include conditions such as diabetes, Crohn's disease and chronic pain. Minor accommodations include but are not limited to: extra breaks for medication, snacks, beverages or glucose testing materials which are necessary during the test session.

Documentation for health-related needs should include a letter of support from a medical doctor or other qualified professional stating the nature of the condition and the rationale for the requested accommodation(s). Please note, handwritten documentation or a note on a prescription pad is not sufficient.

Commonly Requested Accommodations

- **Extended Test Time (all tests are timed)**
  - 25 percent (time and one-quarter) or 50 percent (time and one-half) or 100 percent (double time)

- **Extra Breaks —**The testing clock stops for breaks and does not affect your testing time. Breaks may be used for medication, snacks, trips to the restroom, etc. Some disabilities, by their nature, result in fatigue, the need for rest, and/or restroom breaks while not impacting the actual test taking. In these cases, extra breaks may be more appropriate than extended test time.

- **Accommodations for Computer-delivered Tests**
  - Screen magnification
  - Selectable background and foreground colors
  - JAWS screen reader with or without refreshable braille device (only for applicants who are blind or have low vision)

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

- **Alternate Test Formats**
  - Braille (only for applicants who are blind or have low vision)
  - Large-print test book
  - Large-print answer sheet
  - Recorded audio[1]

Part III — Certification of Eligibility: Accommodations History

All applicants are encouraged to submit *Part III — Certification of Eligibility: Accommodations History* form which serves two distinct purposes:

- To provide verification of an individual's use of accommodations either in college or in the workplace
- As a shortcut for approval of certain specific accommodations for particular disabilities

1 Recorded audio with tactile figure supplement (only applicants who are blind or have low vision)
Recorded audio with large-print figure supplement (only applicants who are blind or have low vision)

☐ STEP 2: Complete *Praxis* or *SLS Test Authorization Voucher Request Form* (if not submitting your materials online)

If you plan to submit your materials to ETS Disabilities Services by email or mail instead of online at ***https://www.ets.org/disabilities/test-takers.html***, complete the *Praxis* or *SLS Test Authorization Voucher Request Form* on pages 20–21 in this *Supplement*.

☐ STEP 3: Determine if Disability Documentation is Needed

DO NOT submit disability documentation if you are able to use the COE as a shortcut for approval and/or you are submitting evidence of testing accommodations approval from ETS or another standardized testing agency. Submitting unrequired documentation will delay the review process. **For more information regarding documentation guidelines, please visit *www.ets.org/disabilities*.**

If you have a learning disability, ADHD, TBI, ASD, a psychiatric disability and/or a physical disability and are requesting 50% extended test time (time and one-half) or less and/or extra breaks, you do not need to submit documentation if you are submitting a valid *Part III — Certification of Eligibility: Accommodations History.*

If you are blind or legally blind, you do NOT need to submit documentation if you are submitting a valid *Part III — Certification of Eligibility: Accommodations History* form and are requesting only accommodations from the list below.

- Screen magnification
- Screen reader
- Selectable background and foreground colors
- Braille
- Large print (test book and/or answer sheet)
- Recorded audio
- Human reader
- Human scribe
- Braille slate and stylus for note-taking
- Perkins brailler for note-taking
- 50 percent (time and one-half) or less extended test time
- Extra breaks
- 100 percent extended test time (double time) when also requesting braille, a human reader, recorded audio, or a screenreader

If you are deaf or hard-of-hearing, you do NOT need to submit documentation if you are submitting a valid *Part III — Certification of Eligibility: Accommodations History* form and are requesting only accommodations from the list below.

- 50 percent or less extended test time (time and one-quarter or time and one-half)
- Extra breaks
- Sign language interpreter (for check-in assistance and spoken directions)
- Oral interpreter (for check-in assistance and spoken directions)

☐ STEP 4: Submit Your Completed Forms and Documentation to ETS Disability Services

Requests for testing accommodations may be submitted online or via email, mail or courier service. We strongly encourage using the convenient online registration system. Be sure to include the appropriate documents with your submission. An incomplete application will cause a delay in processing your request.

Submitting Your Material Online in Your ETS Account

You may submit materials online through your ETS account. *Praxis* test takers can go to ***https://praxis.ets.org***; and SLS test takers can go to ***https://www.ets.org/sls.html***. Once signed in, select "Accommodation Status/New Request" under the "Test Takers with Disabilities or Health-related Needs" section on the home page and follow the instructions.

Submitting Your Material by Email

Be sure to attach the following items with your email message:

- ☐ Completed *Testing Accommodations Request Form*
- ☐ Completed *Praxis* or *SLS Test Authorization Request Form for Test Takers with Disabilities or Health-related Needs*
- ☐ Disability documentation (if required)

Requests for accommodations should be sent to ***disability.reg@ets.org***.

Please note: Do not include credit card information with your mail or email. Once your application has been received at ETS, you will receive an email with instructions regarding payment options.

Submitting Your Material by Mail or Courier Service

Be sure to include the following with your request:

- ☐ Completed *Testing Accommodations Request Form*
- ☐ Completed *Praxis* or *SLS Test Authorization Request Form for Test Takers with Disabilities or Health-related Needs*
- ☐ Disability documentation (if required)

Mail your material to the appropriate address below.

Mail
ETS Disability Services
PO Box 6054
Princeton, NJ 08541-6054
U.S.A.

Courier Service
ETS Disability Services
660 Rosedale Road
Princeton, NJ 08540
U.S.A.

Once your accommodations have been approved, you will receive an email from ETS Disability Services with instructions regarding how to register for the *Praxis* or SLS test.

Regardless of how you submit your material, ETS Disability Services will contact you via email regarding your application.

CHANGING OR CANCELLING A TEST

Policies for changing or canceling your test are included in the *Praxis* Information Bulletin and on the *Praxis* website at ***https://praxis.ets.org***.

If you have been approved for accommodations and need to cancel or change your test, please refer to your approval letter or contact ETS Disability Services (refer to page 2).

PRAXIS OR SLS TEST PREPARATION

Information about test preparation materials for the *Praxis* test is available at ***https://praxis.ets.org/storehome***. Information about test preparation for the SLS is available at ***www.ets.org/sls/prepare/materials***.

If you need *Praxis* or SLS test preparation materials in an alternate format not already on the program website, contact ETS Disability Services. See page 2 for contact information.

SCORE REPORTING

Information about score reporting can be found in the *Praxis*/SLS Information Bulletin or on the program's websites. *Praxis* score reporting information can be found at ***https://praxis.ets.org/test-taker/getting-scores***; School Leadership Series score reporting information can be found at ***https://www.ets.org/sls/scores/get-scores***.

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM
Part I — Applicant Information

Instructions: Complete this page and sign the Applicant's Verification Statement on page 11.

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

Applicant's Name (print your name as it appears on your ID documents — leave one blank box between names)

First Name **M.I.** **Last Name**

Address Line 1

Address Line 2

City **State or Province**

ZIP or Postal Code **Country**

Gender **Date of Birth** **U.S. Social Security Number**

Male ☐ **Female** ☐ **Undisclosed** ☐ **Month** ☐☐ **Day** ☐☐ **Year** ☐☐ (last 4 digits) ☐☐☐☐

Day Phone Number **Evening Phone Number**

Fax Number **Email Address**

Test/assessment I am applying for: ☐ *Praxis* ☐ School Leadership Series

Testing Location (Please select): ☐ I intend to test at home ☐ I intend to test at a test center

Nature of your disability (check all that apply):

- ☐ Blind or legally blind
- ☐ Low vision
- ☐ Deaf
- ☐ Hard-of-hearing
- ☐ ADD/ADHD
- ☐ Learning Disability
- ☐ Traumatic Brain Injury
- ☐ Autism Spectrum Disorder (e.g., Asperger)
- ☐ Physical (identify condition) _____
- ☐ Psychiatric (identify condition) _____
- ☐ Medical condition (identify condition; must submit documentation) _____
- ☐ Other (identify condition; must submit documentation) _____

When was your disability first diagnosed? _____ /_____ Date of professional's most recent evaluation: _____/_____
Month Year Month Year

Other than testing accommodations, describe what strategies, devices or medications you ordinarily use to manage your condition (Optional):

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 recording[1]

(continued on next page)

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

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM
Part II — Accommodations Requested *(continued)*

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

Assistance

- ☐ 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)

Other Accommodations. If you are requesting accommodations other than those listed above (e.g., medical supplies/assistive devices), please describe them below (including make/model information, if applicable) and submit appropriate documentation.

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

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM
Part III — Certification of Eligibility: Accommodations History

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

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

- to provide verification of an individual's use of accommodations in either college or in the workplace
- as a shortcut for approval of certain specific accommodations for most disabilities

A completed COE: Accommodations History will only be considered in place of disability documentation from qualified applicants with

1. Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD), Traumatic Brain Injury (TBI), Autism Spectrum Disorder (ASD), psychiatric disabilities and/or physical disabilities, who are requesting 50% extended time or less and/or additional breaks only; OR
2. Blindness/legal blindness and/or hearing loss who are requesting those accommodations listed on page 7 for these conditions.

For any other accommodations (double time, scribe, reader, etc.) applicants must submit disability documentation or verification of approval of the same accommodations from another standardized testing agency directly to ETS for review.

This form must be completed and signed by an authorized professional representing one of the following:

- Office of Accessibility/Disability Services at test taker's college or university
- Human Resources office at test taker's place of employment
- Department of Vocational Rehabilitation (DVR) office in test taker's state of residence

Certification of Eligibility: Accommodations History forms completed and signed by members of the applicant's family, or by the individual who diagnosed or is treating the disability, will not be considered.

After reading this page, please complete pages 16 to 19.

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)?

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

Provide the following information regarding the disability documentation on file:

A. Name and credentials of the professional who completed the most recent evaluation.
(e.g., Susan Smith, MD, Psychiatrist)

_____ _____ _____
Name Degree Area of Expertise

B. Date of professionals most recent evaluation: _____/_____
Month Year

C. Applicant's diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted:

D. Please indicate the accommodations the applicant has received at your institution.

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.)
Please check the appropriate box:

☐ 25% ☐ 50% ☐ 100% ☐ Other _____

Please list all other approved testing accommodations: If the student used a "reduced distraction testing environment," please describe that environment.

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

E. During what period of time has the applicant used the above accommodations?

From _____/_____ To _____/_____
Month Year Month Year

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

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).

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

Authorized Professional's Verification Statement

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 #

_____
Email Address

Attach Business Card Here

TEST AUTHORIZATION VOUCHER REQUEST FORM

praxis®

☐ Check here if you are not requesting testing accommodations.

☐ Check here is you are requesting testing accommodations. Before you fill out this form, you must create a profile at ***https://praxis.ets.org/test-taker/register-process***. When you create your profile, a candidate ID number will be assigned to you. After you get your candidate ID number, complete this form and follow the instructions in the *Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs* at ***www.ets.org/praxis/register/disabilities***.

PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

NAME: Print your last name, first name, and middle initial.			
Last Name – first 15 letters		First Name – first 10 letters	M.I.

MAILING ADDRESS: Number and Street (include apartment number)			
City	State	ZIP Code (U.S. only)	Country Code (Outside U.S. & P.R. only)

EMAIL ADDRESS

DATE OF BIRTH	SOCIAL SECURITY NUMBER	DAYTIME TELEPHONE NUMBER	Candidate ID (if known)
Month Day Year	– –	– –	

TEST CODE	TEST NAME

For test takers requesting an accommodation:

PREFERRED TEST DATE _____ PREFERRED TEST LOCATION _____

PAYMENT Please pay online with a credit card. If you are requesting an accommodation, do not send payment with this form. You can pay online after the voucher and/or accommodation has been provided.

IMPORTANT NOTE: If you are requesting testing accommodations and are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

Please write, DO NOT PRINT, the following statement.

☐ I hereby agree to the conditions set forth in the 2026–27 *Praxis* Information Bulletin, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ Date: _____

TEST AUTHORIZATION VOUCHER REQUEST FORM

praxis
school leadership series

If you would like to pay for your test registration with a credit/debit card or PayPal, and are not requesting testing accommodations, you do not need to fill out this form. You may register online.

☐ Check here if you are paying by check or money order and are not requesting testing accommodations.

☐ Check here if you are requesting testing accommodations.

PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

NAME: Print your last name, first name, and middle initial.

Last Name – first 15 letters | First Name – first 10 letters | M.I.

MAILING ADDRESS: Number and Street (include apartment number)

City | State | Zip Code (U.S. only) | Country Code (Outside U.S. & P.R. only)

EMAIL ADDRESS

DATE OF BIRTH (Month / Day / Year) | SOCIAL SECURITY NUMBER | DAYTIME TELEPHONE NUMBER | Candidate ID (if known)

PREFERRED TEST DATE _____ PREFERRED TEST LOCATION _____

SLS TEST FEES Please check the appropriate box for the test(s) you are planning to take.

- ☐ $425 School Leaders Licensure Assessment
- ☐ $350 School Superintendent Assessment
- ☐ $120 Connecticut Administrator Test

PAYMENT Please pay online with a credit card. If you are requesting an accommodation, do not send payment with this form. You can pay online after the voucher and/or accommodation has been provided.

IMPORTANT NOTE: If you are requesting testing accommodations and are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

Please write, DO NOT PRINT, the following statement.

☐ I hereby agree to the conditions set forth in the 2026–27 *School Leadership Series Assessment Information Bulletin*, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ Date: _____

I.N. 848118
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