### Part I — Applicant Information

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condition (Opti	onal).																												

## Part I — Applicant Information (continued)

Applicant's Name	e:		
(Please Print)	First Name	M.I.	Last Name
	Verificat	ion Statement to Be Signed	d by Applicant
agree to provide accommodations	ETS with any additional ir s. I also give permission to	nformation or documentation recorders to ETS a copy of any p	and if this application is not sufficient, I quested in order to evaluate my request for pertinent information required to establish the se of an assistive device, I am familiar with
in advance of the I also understand If additional inford documentation is	e test administration date to d that processing can take mation is requested, it ma s received until the review	o provide time to evaluate and approximately four to six week y be approximately another two	on must be available to ETS sufficiently process my request for accommodations. Is from the time the application is complete. In the total to the time the new to the time the right to make final and appropriate.
accommodations I also understand	s will not be processed if I If that ETS does not waive	alter or revise Part III in any wa	story form, I acknowledge that my request for by after the appropriate official has completed it. completes Part III on my behalf to submit the hinistration date.
release this infor	mation to ETS upon ETS's	-	commodations History form on my behalf to e, the Certification of Eligibility: Accommodation ability documentation on file.
-	ntified by name in researc	•	rch purposes, and that in no case will any ion will be protected by the terms of ETS's
in ETS's judgmer	nt, any information presen	•	scores if it is subsequently determined that, rting documentation is either questionable,
its in-house expe		quest for accommodations, I au	nsultants with whom it may consult to augment uthorize and provide my consent to ETS to
Signature of App	licant		Today's Date
	Кеер а с	opy of this completed form fo	r your records.

### Part II — Accommodations Requested

Applicant's Name:		
(Please Print) First Name	M.I.	Last Name
Today's Date: / / / / / / Year		
Previously Approved Standardized Testi	ng Accommodations	
If you have been approved for testing accoidentical to those you are requesting now, p		•
Program: GACE® GRE®  School Leadership Series	HiSET® Para	Pro Praxis®
Previous test date(s) (month/year):		
Have you received testing accommodation:	s on another standardized test	such as the ACT, SAT, GMAT, LSAT and/o
MCAT, etc.?		
□ Yes □ No		
If you checked "Yes" above, please submit the accommodations that were granted and		) from the appropriate agency(ies) which
Are you still experiencing the functional lim previously approved on another standardiz		(ies) for which testing accommodations w
☐ Yes		
□ No		

(continued on next page)

### Part II — Accommodations Requested (continued)

#### **REQUESTED ACCOMMODATIONS** (Check all that apply)

<b>O</b> (	verification of approval of the same acc	commodations from another standardized
25 percent (time and one-quarter)	☐ 50 percent (time and one-half)	☐ 100 percent (double time)
Extra Breaks. Breaks are not included in  Yes	n testing time (can be used for medicat	ion, snacks, trips to the restroom, etc.)
Accommodations for Computer-delive	ered Tests	
☐ Screen magnification		
<ul> <li>Selectable background and foreground</li> </ul>		
☐ JAWS screen reader (only for application)	ants who are blind or have low vision)	
Alternate Test Formats		
<ul> <li>Braille (only for applicants who are bl</li> </ul>	lind or have low vision)	
☐ Large-print test book		
☐ Large-print answer sheet		
☐ Audio recording¹		

(continued on next page)

<sup>&</sup>lt;sup>1</sup> For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

### Part II — Accommodations Requested (continued)

Applic	ant's Name:				
(Pleas	se Print)	First Name	M.I.	Last Name	
Assis	tance				
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assist				r than those listed above (e.g., medical supplies information, if applicable) and submit appropria	
1.					
2.					
3.					
4.					
5.					

#### 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

- 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.

### 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)

Applica	nt's Name	e:		
(Please	Print)	First Name	M.I.	Last Name
Provide	the follow	wing information regardir	ng the disability documentation on	file:
A.		nd credentials of the prof san Smith, MD, Psychiat	ressional who completed the most rtrist)	recent evaluation.
		Name	Degree	Area of Expertise
В.	Date of p	professionals most recen	nt evaluation:/ Month Year	
C.	Applican been gra		or disabilities, as stated in the docu	mentation, for which accommodations have
D.	Extended you mus standard	d testing time ( <b>NOTE</b> : Al	nentation or verification of approval ctly to ETS for review.)	your institution. ting more than 50 percent extended test time, of the same accommodations from another
		25% 50%	100% Other	
		st all other approved tes nent," please describe th		nt used a "reduced distraction testing
	1			
	2			
	3			
	4			
	5			
E.	During w	hat period of time has th	ne applicant used the above accom	modations?
		From// Month Year	То	/ Month Year

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

Please Print)	First Name	M.I.	Last Name	
F. Has the	applicant used these acco	mmodations for at least one se	emester or four months?	
ye	sno			
☐ Colle ☐ Place	as the applicant used the a ge/University e of Employment r (indicate):	accommodations?		

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.

that were documented as necessary and approved for the applicant.

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)

e:		
First Name	M.I.	Last Name
ed by an authorized po at place of employmer	erson in the Office of Accessibility/Dis	sability Services, a Human Resources aselor. NOTE: The evaluator who
horized Professional		Today's Date
on/Agency/Place of E	mployment	
	Fax	#
	Attach Business Card Hei	re
	Au ed by an authorized poat place of employment or is treating the in	Authorized Professional's Verification and the Authorized person in the Office of Accessibility/Digital place of employment or a Vocational Rehabilitation court or is treating the individual cannot complete this form the individual cannot cann