

# HiSET TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information

**Instructions:** Complete this entire form. Be sure to sign the Applicant's Verification Statement on the next page.

**Applicant's Name** (please print—leave one blank box between names)

<b>Last</b>	<b>First</b>	<b>M.I.</b>

**Street Address**

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<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Gender</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>

**Day Phone Number**

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**Evening Phone Number**

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**Fax Number**

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**Email Address**

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I would prefer that ETS communicate with me via:  Email  Mail

Test(s) I am applying for:  All 5 tests  Reading  Language Arts  Math  
 Science  Social Studies

I would like to test in (check one):  English  Spanish

Nature of your disability (check all that apply):

<input type="checkbox"/> ADHD	<input type="checkbox"/> Deaf	<input type="checkbox"/> ASD
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> TBI
<input type="checkbox"/> Blindness	<input type="checkbox"/> Psychiatric/Psychological (describe): _____	
<input type="checkbox"/> Low Vision	<input type="checkbox"/> Intellectual Disability (formerly known as cognitive impairment and MR)	
<input type="checkbox"/> Physical disability (describe): _____		
<input type="checkbox"/> Other (e.g., health-related): _____		

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

Did you receive accommodations while in high school?  Yes If yes, list below  No

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How do you compensate for your disability? (e.g., technology, medication). \_\_\_\_\_

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*(continued on next page)*

# HiSET TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information (*continued*)

Applicant's Name: \_\_\_\_\_  
(please print)                      Last    First    M.I.

### Verification Statement to Be Signed by Applicant

I confirm that the information on this application is true. I agree to provide ETS with any additional information to evaluate my request for accommodations. I also give permission to my evaluator to release to ETS a copy of any information required to determine the need for the accommodation(s) I have requested. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information necessary to process this application must be available to ETS at least 45 days in advance of the test date to provide time to evaluate and process my request for accommodations. I agree that ETS has the right to make the final decision as to whether any requested accommodation is needed and appropriate.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will I 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 also understand that ETS has the right to withhold or cancel my scores if it is later determined that, in ETS's judgment, any information on this application form or the supporting documentation is questionable, inaccurate or used to obtain accommodations that are not necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you are under 18 years of age, signature of parent or guardian is required.

\_\_\_\_\_  
Parent or Guardian's Name (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# HiSET TESTING ACCOMMODATIONS REQUEST FORM

## Part II — Testing Accommodations Requested

Applicant's Name: \_\_\_\_\_  
(please print) Last First M.I.

### REQUESTED ACCOMMODATIONS (Check all that apply)

#### Accommodations for Computer-delivered Tests

- Screen magnification
- Selectable background and foreground colors

#### Accommodations for Paper-delivered Tests

- Large print test book (larger than 14 point)
- Large print answer sheet (larger than 14 point)

#### Alternate Test Formats

- Braille
- Recorded audio with tactile figure supplement\*
- Recorded audio with large-print figure supplement\*
- Recorded audio

#### Assistance

- Scribe
- Braille slate and stylus (for note taking only)\*
- Perkins brailler (for note taking only)\*
- Sign language interpreter (for spoken directions only)\*\*
- Oral interpreter (for spoken directions only)\*\*
- Printed copy of spoken directions (for paper-based tests only)

#### Extended Testing Time (NOTE: All tests are timed.)

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

#### Extra Breaks

- Yes

**Other Accommodations Requested** (describe). (For example, separate room, food or drink for medical purposes)

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\*Only applicants who are blind or have low vision

\*\* Only applicants who are deaf or hard-of-hearing

**If you received approval for the same accommodations from GED Testing Service within the last year please submit a copy of that approval letter with this request.**

# HiSET TESTING ACCOMMODATIONS REQUEST FORM

## Part III — Documentation Requirements

**Instructions for Part III:** The test taker and/or their advocate should complete Part III. Please submit the primary documentation and any additional documents you wish to include for each of your diagnosed disabilities. Check each document that is being submitted.

To view full documentation requirements visit [www.ets.org/disabilities](http://www.ets.org/disabilities).

### ADD/ADHD:

#### Primary Documentation – Current within 3 years

##### Submit one

- Psychological report current
- Psycho-educational report
- Neuropsychological report

#### Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 3 years)
- Report from psychiatrist
- Letter from rehab counselor or case manager
- Your personal Statement
- Other \_\_\_\_\_

### Autism Spectrum Disorder:

#### Primary Documentation – Current within 5 years

##### Submit one

- Psychological report
- Psycho-educational report
- Neuropsychological report

#### Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 5 years)
- Report from other professional (psychiatrist, speech/language therapist, occupational therapist, developmental pediatrician, or neurologist)
- Letter from rehab counselor or case manager
- Your personal statement
- Other \_\_\_\_\_

### Blind or Low Vision:

#### Primary Documentation – Current within 2 years

##### Submit both

- Report from eye-care professional
- Your -personal statement

#### Additional Documentation

- Most recent IEP
- Most recent 504 plan
- Letter from rehab counselor or case manager
- Other \_\_\_\_\_

## HiSET TESTING ACCOMMODATIONS REQUEST FORM

### Part III — Documentation Requirements (continued)

#### Deaf or Hard of Hearing:

**Primary Documentation – Current within 2 years**

**Submit both**

- Audiogram or audiometric report
- Your personal statement

**Additional Documentation**

- Most recent IEP
- Most recent 504 plan
- Letter from rehab counselor or case manager
- Other \_\_\_\_\_

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#### Intellectual Disability:

**Primary Documentation – Current within 5 years**

**Submit one**

- Psychological report
- Psycho-educational report
- Neuropsychological report

**Additional Documentation**

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 5 years)
- Letter from rehab counselor or case manager
- Your personal statement
- Other \_\_\_\_\_

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#### Learning Disability:

**Primary Documentation – Current within 5 years**

**Submit one**

- Psychological report
- Psycho-educational report
- Neuropsychological report

**Additional Documentation**

- Most recent IEP
- Most recent 504 plan
- Psychological, psycho-educational or neuropsychological report (over 5 years)
- Letter from rehab counselor or case manager
- Your personal statement
- Other \_\_\_\_\_

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#### Physical Disability or Health-Related Need:

**Primary Documentation – Current within 6 months**

**Submit both**

- Letter from medical doctor
- Your personal statement

**Additional Documentation**

- Most recent IEP
- Most recent 504 plan
- Letter from rehab counselor or case manager
- Other \_\_\_\_\_

## HiSET TESTING ACCOMMODATIONS REQUEST FORM Part III — Documentation Requirements (continued)

**Psychiatric or Psychological Disability:**

**Primary Documentation – Current within 6 months**

**Submit one**

- Psychological report
- Report from psychiatrist

**Additional Documentation**

- Most recent IEP
  - Most recent 504 plan
  - Letter from rehab counselor or case manager
  - Your personal statement
  - Other \_\_\_\_\_
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**Traumatic Brain Injury:**

**Primary Documentation – Current within 6 months**

**Submit one**

- Neuropsychological report

**Additional Documentation**

- Most recent IEP
- Most recent 504 plan
- Letter from medical doctor or neurologist
- Letter from rehab counselor or case manager
- Your personal statement
- Other \_\_\_\_\_

**Keep a copy of this completed form for your records.**