



TEXAS EDUCATOR CERTIFICATION  
TExES | TExMaT | TASC/TASC-ASL

**2016–17**

**Updated July 2016**

***Texas Educator Certification Program***

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

**NOTE:** This supplement contains procedures and forms for requesting accommodations for **TExES™**, **TExMaT™**, **TASC™** and **TASC–ASL™** tests.

Use this supplement **together** with the information in the appropriate 2016–17 *Registration Bulletin* (see page 6).

Visit the ETS website at **[www.ets.org/disabilities](http://www.ets.org/disabilities)**  
for the most up-to-date information.

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## GENERAL INFORMATION

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**NOTE:** Test takers requesting accommodations **MUST** complete a *Testing Accommodations Request Form* (see page 7), the appropriate registration form (see page 7), and have their accommodations approved **BEFORE** their test can be scheduled. All forms and documentation must be submitted through ETS Disability Services. Online registration is NOT available at this time and accommodations cannot be applied to a test that has already been scheduled. See “How to Request Accommodations” on page 4 for specific steps in the application process and “Deadline for Accommodations Requests” on page 10.

ETS is committed to serving test takers with disabilities or health-related needs by providing services and reasonable accommodations that are appropriate given the purpose of the test. If you have a health-related need that requires you to bring equipment, beverages or snacks into the testing room, or to take extra or extended breaks, you must follow the accommodations request procedures. See “Health-Related Needs and Minor Accommodations” on page 6.

The information provided in this publication and in the 2016–17 *Registration Bulletins* for TExES™, TExMaT™, and TASC™/TASC-ASL™ should answer any questions you may have about requesting accommodations and registering for a test. *Registration Bulletins* are available on the ETS TExES website at [www.texas.ets.org/registrationbulletin](http://www.texas.ets.org/registrationbulletin).

All questions related to accommodations decisions should be sent to ETS Disability Services. See contact information below.

## CONTACT INFORMATION

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ETS Disability Services  
Monday–Friday 8:30 a.m.–5 p.m. 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)

**Email:** [stassd@ets.org](mailto:stassd@ets.org)

**Mail Inquiries:** ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054

**Courier Service:** ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426

## HOW TO REQUEST ACCOMMODATIONS

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If you have received approved accommodations from ETS within the last two years and your documentation is still current, and you are now requesting the same accommodations for any TExES, TExMaT, TASC or TASC–ASL test during the 2016–17 testing year, refer to “Using Previously Approved Accommodations” on page 10.

If you are requesting accommodations for the first time or are changing the test you wish to take or the accommodations for which you have previously been approved, **ETS Disability Services must review and approve your request before your test can be scheduled.** Accommodations cannot be applied to a test that has already been scheduled. To request accommodations, please follow the steps below:

☐ **STEP 1: Eligibility.**

See “Registration Steps” in the appropriate *Registration Bulletin* to find out how to gain approval to test. See “Step 1: Eligibility” on page 5.

☐ **STEP 2: Determine your accommodations.**

Look at the list of commonly requested and approved accommodations under “Step 2: Frequently Requested Accommodations” on page 5 and determine the accommodations you need.

☐ **STEP 3: Test format.**

Check the ETS TExES website to find out the format of the test you want to take so you can determine whether you will be taking a computer-administered (CAT) or paper-based (PBT) test. If you need an alternate format as an accommodation for a disability, see page 5 for a list of some of the most commonly requested and approved alternate test formats.

☐ **STEP 4: Read the *Registration Bulletin*.**

Review the appropriate *Registration Bulletin* for the test you are planning to take. *Registration Bulletins* are available on the ETS TExES website at [www.texas.ets.org/registrationbulletin](http://www.texas.ets.org/registrationbulletin). See “Step 4: Registration Bulletins” on page 6.

☐ **STEP 5: Complete the registration form.**

Complete the appropriate registration form in this supplement. To find out which registration form you need, see “Step 5: Registration Form” on page 7.

☐ **STEP 6: Complete the Testing Accommodations Request Form.**

Complete the *Testing Accommodations Request Form* in this supplement. For instructions, see “Step 6: Testing Accommodations Request Form” on page 7.

☐ **STEP 7: Gather your disability documentation.**

Gather disability documentation as necessary. Sending documentation that is not needed will delay the review process. See “Step 7: Disability Documentation” on page 8 and review ETS’s “Policy Guidelines for Disability Documentation in Adolescents and Adults” on the ETS website at [www.ets.org/disabilities/documentation](http://www.ets.org/disabilities/documentation).

☐ **STEP 8: Submit completed forms, documentation and fees.**

Submit all completed forms, appropriate documentation, if required, and the proper fee for the test you are taking. **Failure to include all forms, documentation and the appropriate test fee will cause a delay in processing your request.** See “Step 8: How to Submit Your Request to ETS” on page 9.

## STEP 1: ELIGIBILITY

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If you are fulfilling the requirements in an SBEC-approved Educator Preparation Program (EPP), you must receive approval from your EPP to take a certification test.

If you are certified and hold an acceptable teaching credential from another state, a U.S. Territory or another country and are seeking to be certified in the equivalent field(s), you must have your credentials reviewed by the Texas Education Agency (TEA). See the TEA website at <http://tea.texas.gov>.

## STEP 2: FREQUENTLY REQUESTED ACCOMMODATIONS

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**NOTE:** The list below includes some of the most commonly requested and approved accommodations. If you would like to request accommodations **other than those listed below**, you must describe them in Part II of the *Testing Accommodations Request Form* on page 14.

### **Extended Testing Time** (all tests are timed)

- 50 percent (time and one-half)
- 100 percent (double time; documentation required)

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

### **Accommodations for Computer-Administered Tests (CAT) only**

- Ergonomic keyboard
- IntelliKeys keyboard
- Keyboard with touchpad
- Screen magnification
- Selectable background and foreground colors
- Trackball

### **Alternate Test Formats**

- Braille\*
- Large-print test book
- Large-print answer sheet
- Audiocassette or CD recording

### **Assistance**

- Reader
- Scribe

### *Assistance for Spoken Directions Only*

- Oral interpreter\*\*
- Sign language interpreter\*\*
- Printed copy of spoken directions (for paper-delivered tests only)

### *Assistance for Note Taking*

- Braille slate and stylus\*
- Perkins brailler®\*

\* Only applicants who are blind or have low vision

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

## HEALTH-RELATED NEEDS AND MINOR ACCOMMODATIONS

“Health-related needs” refers to a variety of medical conditions that impact a major life activity, such as those affecting digestion, immune function, respiration, circulation, endocrine functions, etc. Documented health needs include conditions such as diabetes, epilepsy and chronic pain.

Some documented health needs require **only minor accommodations**. Minor accommodations include, but are not limited to: special lighting; adjustable table or chair; extra breaks for medication or snacks; or a separate room if food, beverages or glucose testing materials are necessary during the test session.

If you require minor accommodations, you must submit:

- the **appropriate registration form** in this supplement (see “Step 5: Registration Form” on page 7)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 6: Testing Accommodations Request Form” on page 7)
- a **letter of support** from a medical doctor or other qualified professional stating the nature of the condition and the reason for the minor accommodations requested (a note on a prescription pad is not acceptable)
- the **appropriate test fee**

Some medical aids do not require approval for accommodations. These aids include, but are not limited to, those that are necessary for you to ambulate (cane, crutches, wheelchair, walker, prosthetic limb, service animal) or communicate (hearing aid, voice amplifier) or those that are otherwise required for health reasons (heart rate monitor). If you require these types of medical aids, you do not need to request accommodations. If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump that 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 can be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require accommodations; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

## STEP 3: TEST FORMAT

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Most Texas Educator Certification Program tests are computer-administered. If you need an alternate format of a test, see page 5 for a list of some of the most commonly requested and approved alternate test formats.

## STEP 4: REGISTRATION BULLETINS

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*Registration Bulletins* for TExES, TExMaT, and TASC/TASC-ASL are free publications that contain program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information. *Bulletins* are available on the ETS TExES website at [www.texas.ets.org/registrationbulletin](http://www.texas.ets.org/registrationbulletin).

## STEP 5: REGISTRATION FORM

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Complete the appropriate registration form:

- *Computer-Administered Testing (CAT) Registration Form for Testing with Accommodations* on pages 20–22 of this supplement
- *Paper-Based Testing (PBT) Registration Form for Testing with Accommodations* on pages 23–26 of this supplement

## STEP 6: TESTING ACCOMMODATIONS REQUEST FORM

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The *Testing Accommodations Request Form* is on pages 12–19 of this supplement.

### **Part I — Applicant Information** (pages 12–13)

Complete this section and sign the Applicant’s Verification Statement, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years.

### **Part II — Accommodations Requested** (pages 14–15)

Complete this section, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years. If you are requesting accommodations other than those listed in Part II, you must describe them under “Other Accommodations.”

### **Part III — Certification of Eligibility: Accommodations History (COE)** (pages 16–19)

All test takers are requested to submit a Certification of Eligibility: Accommodations History as verification of their use of accommodations in employment or post-secondary education within the past three years. (If you have been approved by ETS within the past two years for the same accommodations that you are currently requesting on the same test, you do NOT need to submit a Certification of Eligibility: Accommodations History.)

In some instances, the Certification of Eligibility: Accommodations History is sufficient to document a disability and can be used in place of full documentation. See page 16 for details. The authorized person submitting the Certification of Eligibility: Accommodations History must certify that the documentation on file meets the ETS Documentation Criteria on page 16. ETS reserves the right to request the actual documentation.



## STEP 7: DISABILITY DOCUMENTATION

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***All applicants must submit the Testing Accommodations Request Form. In addition, you must submit disability documentation if:***

- you are requesting accommodations other than 50 percent (time and one-half) and/or extra breaks; or
- you indicate in Part I of the *Testing Accommodations Request Form* that you have a physical disability or a psychiatric condition, or you check “Other” under “Nature of your disability;” or
- you were first diagnosed with a disability within the past 12 months; or
- you are requesting accommodations that are different from those that ETS approved for you within the last two years, or you are requesting those same accommodations but for a different test; or
- you have not previously used the accommodations you are now requesting; or
- you have a sensory disability and your accommodations request does NOT match the specifications that follow; or
- you are unable to submit a Certification of Eligibility: Accommodations History.

**DO NOT send documentation if you are not required to do so. Once documentation has been submitted and reviewed, all decisions are based on the documentation. If documentation is not needed, submitting it will delay the review process. An Individualized Education Program (IEP) or 504 Plan alone may not be used.**

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

- |   |  |
|---|--|
| ○ Screen magnification                        | ○ Scribe                                       |
| ○ Selectable background and foreground colors | ○ Braille slate and stylus                     |
| ○ Braille                                     | ○ Perkins braille®                             |
| ○ Large print (test book and/or answer sheet) | ○ 50 percent extended time (time and one-half) |
| ○ Audiocassette or CD recording               | ○ Extra breaks                                 |
| ○ Reader                                      |  |

***If you are blind or legally blind***, a request for 100 percent extended time (double time) does not require documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting braille, a reader, or an audiocassette or CD recording.

***If you have low vision or some other condition that affects visual functioning***, such as an eye coordination disorder, please refer to the “Policy Statement for Documentation of Blindness and Low Vision in Adolescents and Adults” on the ETS website at [www.ets.org/disabilities/documentation](http://www.ets.org/disabilities/documentation).

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

- |  |  |
|--|--|
| ○ 50 percent extended testing time (time and one-half)               | ○ Sign language interpreter (for check-in assistance and spoken directions only) |
| ○ Extra break(s)   | ○ Oral interpreter (for check-in assistance and spoken directions only)          |
| ○ Printed copy of spoken directions (for paper-delivered tests only) |  |



## STEP 8: HOW TO SUBMIT YOUR REQUEST TO ETS

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Requests for testing accommodations may be submitted via mail or email. Be sure to include all of the documents listed below. **An incomplete application will cause a delay in processing your request.**

- **Appropriate registration form** (see “Step 5: Registration Form” on page 7)
- **Testing Accommodations Request Form** (see “Step 6: Testing Accommodations Request Form” on page 7)
- **Disability documentation**, if required, including Parts 1, 2 and 3 of the “Documentation of Blindness and Low Vision in Adolescents and Adults,” if applicable (see “Step 7: Disability Documentation” on page 8)
- **Appropriate test fee**

### Submitting Requests by Mail or Courier Service

#### Mail

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

#### Courier Service

ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426 U.S.A.

### Submitting Requests via Email

Requests for testing accommodations can be emailed to **disability.reg@ets.org**.

Do not submit requests to the Contact Information email listed on page 3. Requests submitted to that email address will not be processed.

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

To email your request:

- Download this supplement and print the Testing Accommodations Request Form (pages 12–19) and the appropriate registration form
- Complete all documents
- Scan all documents
- Attach all documents to email
- Send email to **disability.reg@ets.org**

## USING PREVIOUSLY APPROVED ACCOMMODATIONS

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If you have received approved accommodations from ETS within the last two years and your documentation is still current, you may request the same accommodations for any TExES, TExMaT, TASC or TASC–ASL test during the 2016–17 testing year. If you are registering for a different test, the accommodations ETS previously approved for you within the last two years will be approved again if they are appropriate for the current test.

To register, submit:

- the **appropriate registration form** from this supplement (see “Step 5: Registration Form” on page 7)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 6: Testing Accommodations Request Form” on page 7); be sure to indicate the previous test name and test date
- the **appropriate test fee**

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

## HOW TO REGISTER ONCE YOUR REQUEST IS APPROVED

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ETS will send you an authorization letter confirming the accommodations that have been approved for you.

- **Computer-Administered Testing (CAT)**

The authorization letter will include instructions that you must follow to schedule your test. **Do not schedule a computer-administered test until you receive your authorization letter.** When scheduling your test, be prepared to provide the authorization/voucher number and the information contained in the letter.

- **Paper-Based Testing (PBT)**

When you receive your authorization letter, you are registered. The authorization letter will identify the testing location and test administrator. If the testing center cannot accommodate your request on the scheduled testing date, you will be contacted by the test administrator to arrange an alternate test date.

- **Alternate Test Format**

A representative from ETS Disability Services will contact you to confirm the accommodations approved for you and to schedule your test.

## DEADLINE FOR ACCOMMODATIONS REQUESTS

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Your request for accommodations should be submitted as early as possible, especially if you are requesting an alternate test format. Documentation review takes approximately six weeks once your request and complete paperwork have been received at ETS. If additional documentation must be submitted, it can be another six 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. Check the appropriate *Registration Bulletin* or ETS TExES website for test dates so you can plan accordingly.

## REQUESTS TO CHANGE OR CANCEL TESTS

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For program policies regarding requests to change or cancel tests, see the appropriate *Registration Bulletin* for the test you will be taking. Rescheduling is permitted within the same testing year.

If you are scheduled to take a computer-administered test at a Prometric center, you may change or cancel your test by calling Prometric at 1-800-967-1139. For all other computer-administered or paper-based testing questions, contact ETS Disability Services. See page 3 for contact information.

## TEST PREPARATION

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For test preparation information, go to the Test Preparation Resources section of the ETS TExES website at [www.texas.ets.org](http://www.texas.ets.org).

If you need preparation materials in an alternate format, please contact ETS Disability Services. See page 3 for contact information.

Test takers are advised to consult ETS's "Tips for Test Takers with Disabilities," which is available online at [www.ets.org/disabilities/tips](http://www.ets.org/disabilities/tips).

## SCORING AND REPORTING

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Test takers who are blind can contact ETS Disability Services by phone for their test scores. See page 3 for contact information.

## Part I — Applicant Information

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

First Name	M.I.	Last Name
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[illegible][illegible][illegible][illegible][illegible]**Social Security Number**

Male	
------	--

Female	
--------	--

Month		
-------	--	--

Day		
-----	--	--

Year		
------	--	--

(last 4 digits)

--	--	--	--

### Evening Phone Number

[illegible][illegible]

## Email Address

[illegible][illegible]

Test(s) I am applying for: ☐ TExES™ ☐ TExMaT™ ☐ TASC™ ☐ TASC-ASL™

Nature of your disability (check all that apply):

☐ Blind or legally blind

☐ Physical/Medical disability (identify condition; must submit documentation)

☐ Low vision☐ Psychological (identify condition; must submit documentation)☐ Deaf

☐ Hard-of-hearing

☐ Traumatic Brain Injury (must submit documentation)☐ ADD/ADHD

☐ Learning Disability

☐ Autism Spectrum Disorder (e.g., Asperger; must submit documentation)

☐ Other (identify condition; must submit documentation)[illegible]

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

(continued on next page)

## 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 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, 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 on my behalf to release this information to ETS upon ETS's request. I also understand that the documentation in support of my request for accommodations supersedes any information contained in the Certification of Eligibility: Accommodations History. For quality assurance, the Certification of Eligibility: Accommodations History 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.

Signature of Applicant

Date \_\_\_\_\_

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

# TESTING ACCOMMODATIONS REQUEST FORM

## Part II — Accommodations Requested

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

If you have received ETS approval within the last two years for accommodations identical to those you are requesting now, and your documentation is still current, please indicate the following:

Program: ☐ GACE® ☐ GRE® ☐ HiSET® ☐ ParaPro  
☐ *The Praxis Series*® ☐ School Leadership Series  
☐ Texas Educator Certification ☐ TOEFL®

Previous test(s) taken \_\_\_\_\_ Previous test date(s) (month/year) \_\_\_\_\_  
\_\_\_\_\_

### REQUESTED ACCOMMODATIONS (Check all that apply)

#### Accommodations for Computer-Administered Tests (CAT)

- ☐ Ergonomic keyboard
- ☐ IntelliKeys keyboard
- ☐ Keyboard with touchpad
- ☐ Screen magnification
- ☐ Selectable background and foreground colors
- ☐ Trackball

#### Alternate Test Formats

- ☐ Braille\*
- ☐ Large-print test book
- ☐ Large-print answer sheet
- ☐ Audiocassette or CD recording

\* Only applicants who are blind or have low vision

(continued on next page)

# TESTING ACCOMMODATIONS REQUEST FORM

**Part II — Accommodations Requested (continued)**

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

**Assistance (NOTE: If you are requesting a reader and/or a scribe, and your disability is **NOT** blindness or legal blindness, you must submit documentation for review.)**

- ☐ Reader
- ☐ Scribe
- ☐ Braille slate and stylus (for note taking only)\*
- ☐ Perkins brailler (for note taking only)\*
- ☐ Sign language interpreter (for check-in assistance and spoken directions only)\*\*
- ☐ Oral interpreter (for check-in assistance and spoken directions only)\*\*
- ☐ Printed copy of spoken directions (for paper-delivered tests only)

**Extended Testing Time** (NOTE: All tests are timed; if you are requesting more than 50 percent extended time, documentation must be submitted.)

- ☐ 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

**Other Accommodations.** If you are requesting accommodations other than those listed above (e.g., separate testing room or use of a calculator), please describe them below and submit appropriate documentation. **NOTE:** If you are requesting a large-print paper test as an accommodation on a test that is ordinarily computer-administered, please indicate that here.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\* Only applicants who are blind or have low vision

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



# TESTING ACCOMMODATIONS REQUEST FORM

## Part III — Certification of Eligibility: Accommodations History

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

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

1. learning disabilities and/or ADHD who are requesting **only 50 percent extended time** and/or **additional breaks**; or
2. visual impairments or hearing losses who are requesting those accommodations listed on page 8 for these conditions.

For any other accommodations (double time, separate room, reader, etc.) applicants must submit disability documentation directly to ETS for review.

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

- Office of 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

**Forms completed and signed by a member of the applicant's family, or by the licensed and/or certified professional who diagnosed the disability, will not be considered.**

### DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY

The authorized professional should complete Part III **only** if able to initial points a **and** b below.

- a) \_\_\_\_\_ the documentation on file for the applicant is current according to the currency criteria set forth at [www.ets.org/disabilities](http://www.ets.org/disabilities), meets all other ETS Documentation Criteria set forth below and supports the need for each of the requested accommodations; **and**
- b) \_\_\_\_\_ the applicant is currently using these accommodations (or has used them within the past three years) based on the stated disability at either a college/university, at a place of employment or in conjunction with vocational rehabilitation services.

### ETS Documentation Criteria

Documentation on file for the applicant **must**:

- **be typed or printed on official letterhead** and **be signed** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization)
- **clearly state the diagnosed disability or disabilities**
- **describe the functional limitations** resulting from the disability or disabilities
- **be current** — i.e., completed within the last year for psychiatric disabilities and physical disabilities or chronic health conditions; or within the last five years for learning disabilities, ADHD, autism spectrum disorder and intellectual disabilities. Documentation for traumatic brain injury must have been completed within the past one to three years, depending on the date of the injury. Please see our policy statement for Documenting Traumatic Brain Injury ([http://www.ets.org/disabilities/documentation/documenting\\_traumatic\\_brain\\_injury/](http://www.ets.org/disabilities/documentation/documenting_traumatic_brain_injury/)) for details. (Note that this recency requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.)
- **include complete educational, developmental and medical history** relevant to the disability for which accommodations are being requested
- **include a list of all test instruments** used in the evaluation report and relevant subtest scores used to document the stated disability; all test instruments must have adult norms (for physical or sensory disabilities of a permanent or unchanging nature; a list of all test instruments is not required)
- **describe the specific accommodation(s) requested**
- **adequately support each requested accommodation**

(continued on next page)

# 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:

1. Name and credentials of professional who administered the most recent evaluation.  
(e.g., Susan Smith, M.D., Psychiatrist)
2. Date of professional's most recent evaluation:     \_\_\_\_\_ / \_\_\_\_\_  
    Month      Year
3. Applicant's diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted:

4. Has the applicant received accommodations within the past three years in college and/or employment?

☐ Yes      ☐ No

If yes, please check the accommodations received:

### Accommodations for Computer-Administered Tests (CAT)

- ☐ Ergonomic keyboard      ☐ Keyboard with touchpad      ☐ Screen magnification
- ☐ IntelliKeys keyboard      ☐ Selectable background and foreground colors      ☐ Trackball

## Alternate Test Formats

- ☐ Braille
- ☐ Large-print test book
- ☐ Large-print answer sheet
- ☐ Audiocassette or CD recording

(continued on next page)

# TESTING ACCOMMODATIONS REQUEST FORM

## Part III — Certification of Eligibility: Accommodations History

(continued)

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

**Assistance** (NOTE: If the applicant is requesting a reader and/or a scribe, and the applicant's disability is NOT blindness or legally blindness, documentation must be submitted for review.)

- |   |  |
|---|--|
| <input type="checkbox"/> Reader                   | <input type="checkbox"/> Sign language interpreter         |
| <input type="checkbox"/> Scribe                   | <input type="checkbox"/> Oral interpreter                  |
| <input type="checkbox"/> Braille slate and stylus | <input type="checkbox"/> Printed copy of spoken directions |
| <input type="checkbox"/> Perkins brailler         |  |

**Extended Testing Time** (NOTE: All tests are timed; if applicant is requesting more than 50 percent extended time, documentation must be submitted.)

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

### Extra Breaks

- ☐ Yes

**Other Accommodations.** If the applicant uses accommodations other than those listed above and on the previous page (e.g., separate testing room or use of a calculator), please describe them below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

6. Where has the applicant used the accommodations?

- ☐ College/university  
☐ Place of employment  
☐ Other (indicate): \_\_\_\_\_

All requests for accommodations are subject to approval by ETS and must meet ETS's Documentation Criteria on page 16. For more detailed information and the policy statements for documentation of learning disabilities (LD); attention-deficit hyperactivity disorder (ADHD); visual impairments; hearing loss; physical and psychiatric disabilities; and autism spectrum disorder, please visit [www.ets.org/disabilities](http://www.ets.org/disabilities).

(continued on next page)

# 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 Disability Services, a Human Resources counselor at place of employment or a Vocational Rehabilitation counselor. **NOTE:** The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated in Part III are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the Educational Testing Service (ETS) Documentation Criteria (including ETS policy statements and guidelines about LD, ADHD and psychiatric disabilities, if applicable), and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office. For quality assurance, Part III — Certification of Eligibility: Accommodations History 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 does not meet ETS's Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

\_\_\_\_\_  
Signature of Authorized Professional      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution/Agency/Place of Employment

\_\_\_\_\_  
Telephone      Fax #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attach Business Card Here

## Computer-Administered Testing (CAT) Registration Form for Testing with Accommodations

If you are requesting testing accommodations for a computer-administered test, you must complete and submit this registration form in addition to the *Testing Accommodations Request Form* (pages 12–19). **Note:** You cannot schedule a test until you receive your authorization letter. Accommodations can only be provided when you follow the instructions in your authorization letter.

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (\*).

<b>* First Name</b> (as it appears on your photo ID) <input type="text"/> <b>* Last Name</b> (as it appears on your photo ID) <input type="text"/> <b>* Address Line 1</b> <input type="text"/> <b>Address Line 2</b> <input type="text"/> <b>* City</b> <input type="text"/> <b>* Date of Birth</b> <div style="display: flex; justify-content: space-around;"> <div> <input type="text"/> Month         </div> <div> <input type="text"/> Day         </div> <div> <input type="text"/> Year         </div> </div> <b>* Primary Phone Number</b> (include area code, country code or city code): <input type="text"/>		<b>Middle Name or Initial</b> (as it appears on your photo ID) <input type="text"/> <b>* State or Province</b> <input type="text"/> <b>* Gender</b> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Male         </div> <div> <input type="checkbox"/> Female         </div> </div> <b>Secondary Phone Number</b> (include area code, country code or city code): <input type="text"/>		<b>* ZIP/Postal Code</b> <input type="text"/> - <input type="text"/>
<b>* Email Address</b> (must be the same email address used when obtaining your TEA ID number) <input type="text"/>				
<b>* TEA ID Number</b> <input type="text"/>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>* Charter School Code</b> (if applicable)  <input type="text"/> </div> <div style="width: 65%;"> <b>Charter School Name</b> (if applicable)  <input type="text"/>  <input type="text"/> </div> </div>				

(continued on next page)

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

**\* TEST DATE** (See the appropriate *Registration Bulletin* for test dates and registration deadlines. Enter only one test date. A separate registration form is required for each date.)

**Month** **Day** **Year**

**\* TEST** (See the appropriate *Registration Bulletin* for a list of tests offered, test codes and information about test sessions. Enter the name and the test code for the test(s) you are registering to take. On any given test date, you may take up to two different tests, one in the morning and one in the afternoon.)

<b>Morning Session:</b>	<b>Test</b>	<b>Test Name:</b>
<b>Afternoon Session:</b>	<b>Test</b>	<b>Test Name:</b>

**\* TEST CENTER** (Select your first- and second-choice test centers. Enter the five-digit test center code and print the name and location of each center in the appropriate spaces. Test centers and test center codes are available on the ETS TExES website at [www.texas.ets.org](http://www.texas.ets.org).)

**NOTE:** If your first- and second-choice test centers are full, you will be assigned to the closest available test center.

\* First Choice

Test Center Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**Second Choice**

--	--	--	--	--

**Test Center Name:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

## BACKGROUND INFORMATION

The following questions are optional and only used for the purpose of evaluating test questions. They are not maintained as part of your educator certification records.

1. What is your best language of communication?

- ☐ English
- ☐ Another language

2. What language(s) did you first learn as a child?

- ☐ English only
- ☐ English and another language
- ☐ Another language only

(continued on next page)

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

**\* TEST FEES**

Test Fee (per test) \$131 for Core Subjects EC–6 (291) and Core Subjects 4–8 (211)

Test Fee (per subject test) \$65 (for test codes 801–809)

Test Fee (per test) \$131 (for all other test codes)

Number of Tests \_\_\_\_\_ x \$131 ..... \$ \_\_\_\_\_

Number of Tests \_\_\_\_\_ x \$65 ..... \$ \_\_\_\_\_

**Test Fee Total\*** ..... \$ \_\_\_\_\_

International Site Fee \$55 ..... \$ \_\_\_\_\_

\* Effective July 23, 2016, test fee payment processing is provided by Texas.gov, the official website of Texas. The price of this service, which is not refundable, includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

**\* PAYMENT** (Check one – see payment policies below.)

Indicate which credit/debit card is being used and enter your card number and expiration date below.

**IMPORTANT NOTE:** If you 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.

☐ American Express® ☐ Discover® ☐ MasterCard® ☐ VISA®

Credit/Debit Card Number

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Expiration Date

		/		
--	--	---	--	--

Month Year

**PAYMENT POLICIES**

- All payments must be for the full amount.
- Fees are subject to change without notice. Amounts listed above are in U.S. dollars and are exclusive of any Value-Added or similar taxes set out in the information about taxes on the TExES website at [www.texas.ets.org/texas/aboutthetest](http://www.texas.ets.org/texas/aboutthetest).
- All outstanding balances with ETS must be paid in full prior to registering for any ETS-administered tests.
- If you do not include the correct fee, or if you do not have sufficient credit or funds in your account, your request for service will be returned.
- Services may be withheld for nonpayment of fees.
- Special Services fees are nonrefundable. See the *Registration Bulletin* for a complete list of fees for Special Services.
- Cash payments cannot be accepted.
- Effective July 23, 2016, all processed test and service orders will be refundable up to 180 days from completion of initial order payment. If you wish to cancel an order prior to 180 days from the initial transaction, you will be refunded according to the "Canceling a Test Registration" policy found in the *Registration Bulletin*.

**CONSENT** By using this form to register for a Texas Educator Certification Program test, you consent to the terms and conditions outlined in the ETS Consent Policy on page 27 of this supplement.



## Paper-Based Testing (PBT) Registration Form for Testing with Accommodations

If you are requesting testing accommodations for a paper-based test, you must complete and submit this registration form in addition to the *Testing Accommodations Request Form* (pages 12–19). A separate registration form is required for each test date.

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (\*).

<p><b>* First Name</b> (as it appears on your photo ID)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p><b>Middle Name or Initial</b> (as it appears on your photo ID)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<p><b>* Last Name</b> (as it appears on your photo ID)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
<p><b>* Address Line 1</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
<p><b>Address Line 2</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
<p><b>* City</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p><b>* State or Province</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p><b>* ZIP/Postal Code</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<p><b>* Date of Birth</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="border: 1px solid black; width: 60px; height: 25px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<p><b>* Gender</b></p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 25px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Male</span> <span>Female</span> </div>	
<p><b>* Primary Phone Number</b> (include area code, country code or city code):</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p><b>Secondary Phone Number</b> (include area code, country code or city code):</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<p><b>* Email Address</b> (must be the same email address used when obtaining your TEA ID number)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
<p><b>* TEA ID Number</b></p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>		
<p><b>* Charter School Code</b> (if applicable)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p><b>Charter School Name</b> (if applicable)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	

(continued on next page)

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

**\* TEST DATE** (See the appropriate *Registration Bulletin* for test dates and registration deadlines. Enter only one test date. A separate registration form is required for each date.)

**Month** **Day** **Year**

**\* TEST** (See the appropriate *Registration Bulletin* for a list of tests offered, test codes and information about test sessions. Enter the name and the test code for the test you are registering to take.)

[illegible]

**\* TEST CENTER** (Select your first- and second-choice test centers. Enter the five-digit test center code and print the name and location of each center in the appropriate spaces. Test centers and test center codes are available on the ETS TExES website at [www.texas.ets.org](http://www.texas.ets.org).)

**NOTE:** If your first- and second-choice test centers are full, you will be assigned to the closest available test center.

* First Choice					Test Center Name: _____
----------------	--	--	--	--	-------------------------

City: \_\_\_\_\_

**State:** \_\_\_\_\_

Second Choice						Test Center Name: _____
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**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

## BACKGROUND INFORMATION

The following questions are optional and only used for the purpose of evaluating test questions. They are not maintained as part of your educator certification records.

1. What is your best language of communication?

English

☐ Another language

2. What language(s) did you first learn as a child?

☐ English only☐ English and another language☐ Another language only

(continued on next page)

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

**\* TEST FEES**

Test Fee (per test) \$131 for Core Subjects EC–6 (291) and Core Subjects 4–8 (211)

Test Fee (per subject test) \$65 (for test codes 801–809)

Test Fee (per test) \$131 (for all other test codes)

Number of Tests \_\_\_\_\_ x \$131 ..... \$ \_\_\_\_\_

Number of Tests \_\_\_\_\_ x \$65 ..... \$ \_\_\_\_\_

**Test Fee Total\*** ..... \$ \_\_\_\_\_

\$40 Late Registration Fee (if applicable) ..... \$ \_\_\_\_\_

\$80 Emergency Registration Fee (if applicable) ..... \$ \_\_\_\_\_

\* Effective July 23, 2016, test fee payment processing is provided by Texas.gov, the official website of Texas. The price of this service, which is not refundable, includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

**\* PAYMENT** (Check one – see payment policies below.)

Indicate which credit/debit card is being used and enter your card number and expiration date below.

**IMPORTANT NOTE:** If you 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.

☐ American Express® ☐ Discover® ☐ MasterCard® ☐ VISA®

Credit/Debit Card Number

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Expiration Date

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Month Year

**PAYMENT POLICIES**

- All payments must be for the full amount.
- Fees are subject to change without notice. Amounts listed above are in U.S. dollars and are exclusive of any Value-Added or similar taxes set out in the information about taxes on the TExES website at **[www.texas.ets.org/texas/aboutthetest](http://www.texas.ets.org/texas/aboutthetest)**.
- All outstanding balances with ETS must be paid in full prior to registering for any ETS-administered tests.
- If you do not include the correct fee, or if you do not have sufficient credit or funds in your account, your request for service will be returned.
- Services may be withheld for nonpayment of fees.
- Special Services fees are nonrefundable. See the *Registration Bulletin* for a complete list of fees for Special Services.
- Cash payments cannot be accepted.
- Effective July 23, 2016, all processed test and service orders will be refundable up to 180 days from completion of initial order payment. If you wish to cancel an order prior to 180 days from the initial transaction, you will be refunded according to the "Canceling a Test Registration" policy found in the *Registration Bulletin*.

(continued on next page)

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

**\* DEADLINE** (See page 10 of this supplement for information regarding the deadline for submitting accommodations requests and forms.)

**CONSENT** By using this form to register for a Texas Educator Certification Program test, you consent to the terms and conditions outlined in the ETS Consent Policy on page 27 of this supplement.

**Please write, DO NOT PRINT, the following statement.**

I certify that I am eligible to take the test(s) for which I am registering and hereby agree to the conditions set forth in the appropriate 2016–17 *Registration Bulletin* and on the ETS TExES website at **[www.texas.ets.org](http://www.texas.ets.org)**, 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 whose name and address appear on this form. I understand and agree that ETS and TEA may collect my photograph, fingerprints and other types of personal information regarding my identification document(s).

[illegible]

## ETS CONSENT POLICY

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Notwithstanding anything to the contrary in any other ETS or ETS affiliate's ("ETS," "we," "us," "our") materials or agreements with you, you consent to the terms and conditions herein by registering for or taking an ETS test, creating an online account or using our website, providing survey information or requesting one of our services, or completing order or payment information. You agree that we have the right to obtain, store (only for as long as necessary), use, and transmit your personal information including your full name, home address, email address, telephone number, Social Security number, passport number, biometric data such as fingerprints, audio recordings and video files, your answers to other background information questions, the test you are registering for, test date, payment information, and how you specifically use our website ("Personal Information").

We use your Personal Information to:

- complete any registration, purchases, or other transactions you request online
- improve our products and services, and identify, develop, and offer new or expanded products and services
- improve and personalize your experience on the Website
- notify you about updates, products, services, and/or special offers from ETS, its affiliates, and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our website

Based upon your specific relationship(s) with us for a particular product or service, we may use your Personal Information in ways described in more detail in one or more other agreements. Health information is used to evaluate accommodation requests and may be used for research purposes. If used in research, all identifying information will be removed.

Additionally, you consent to the transfer of your Personal Information within and outside of your country of residence and outside of the location where you have taken the test(s).

We disclose your Personal Information to certain third parties with whom we have a direct or indirect business or contract relationship, to provide the products and services you have requested.

You will have the ability to opt out of receiving certain communications from us, including voicemail or email. If you do not opt out immediately, but later decide that you would prefer not to receive email communications from us, please contact that particular testing program through [www.ets.org](http://www.ets.org). Remember, however, that we may still send email or call you in order to provide a product or service that you request.

**Australia requires ETS to provide notification to AU residents. For Australian residents only**, please be informed that if you consent to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

By indicating "Accept," you consent to the terms and conditions above and those more fully outlined in the ETS Privacy Policy located at [www.ets.org/legal/privacy](http://www.ets.org/legal/privacy) or attached hereto for paper-based assessments.

## GLOSSARY

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**ADHD:** Attention-deficit hyperactivity disorder. A persistent pattern of inattention and/or hyperactivity that is more frequent and severe than is typically observed in individuals with comparable levels of development.

**Alternate format:** Test format other than the one in which the test is usually delivered; examples include large print, braille and audio recording.

**Braille slate and stylus:** A device that enables a braille user to manually emboss braille dots onto paper. Only available for applicants who are blind or have low vision.

**Certification of Eligibility: Accommodations History:** A verification statement signed by an authorized professional who verifies the applicant's accommodations history and certifies that there is documentation on file that meets the ETS Documentation Criteria.

**Ergonomic keyboard:** A computer keyboard designed to minimize muscle strain and related problems.

**Extra breaks:** Breaks other than regularly scheduled breaks that are not included in the testing time. Extra breaks can be taken as needed for snacks, beverages, medication, restroom trips, etc.

**Extended testing time:** Extra time to take the test. The amount of extended testing time is correlated to the test taker's disability or functional limitations. Fifty percent extended testing time is time and one-half; 100 percent extended time is double time (documentation is required for 100 percent extended time or more).

**IntelliKeys keyboard:** A programmable alternative keyboard that enables users with physical and/or visual disabilities to easily type, enter numbers, navigate on-screen displays and execute menu commands.

**Keyboard with touchpad:** A standard computer keyboard with a built-in touchpad. The touchpad allows the user the option of either using no external mouse or using a secondary pointing device.

**Large-print answer sheet:** An answer sheet for multiple-choice questions with large blocks that the test taker can mark with X's, rather than smaller boxes or ovals that must be filled in.

**LD:** Learning disability.

**Minor accommodations:** Accommodations that do not affect the test delivery or response, such as a footstool, earplugs, a special chair/desk or a cushion.

**Oral interpreter:** A trained interpreter who silently mouths speech for a deaf or hard-of-hearing test taker who is able to speech read. An oral interpreter may also use facial expressions and gestures and may paraphrase the language used by the speaker. This accommodation is provided for spoken directions and check-in procedures only and is available only for applicants who are deaf or hard-of-hearing.

**Paper-based test:** Any test that is ordinarily given on paper rather than on computer, or may be offered as an accommodation for a computer-administered test.

*(continued on next page)*

**Perkins braille:** A braille typewriter with a key corresponding to each of the six dots of the braille code. It is permitted for note taking only. Available only for applicants who are blind or have low vision.

**Printed copy of spoken directions:** For paper-delivered tests only. (All directions are provided on screen for computer-delivered tests.)

**Reader:** A person who reads the test aloud to the test taker. Typically for an individual with learning disabilities or traumatic brain injury or a test taker who is blind or has low vision. A reader reads the test directions, questions and answer choices to the test taker. A reader does not interpret, reword or explain the test, though the reader may repeat test content at the test taker's request.

**Screen magnification:** Enlarging the size of everything displayed on the computer screen.

**Scribe:** A person who writes down, or otherwise records, the test taker's responses. The scribe does not correct spelling, create answers for the test taker or help the test taker identify correct answers. The scribe simply writes the test taker's answers down on the test or answer sheet or types them into a computer.

**Selectable background and foreground colors:** A feature on computer-delivered tests that permits the test taker to select the colors of the background and the text to improve contrast and minimize eyestrain.

**Sign language interpreter:** An individual who communicates with the test taker using sign language. Available only for applicants who are deaf or hard-of-hearing, for spoken directions and check-in procedures only.

**Trackball:** A pointing device consisting of a ball held by a socket containing sensors to detect a rotation of the ball. The user rolls the ball with the thumb, fingers or palm of the hand to move a pointer or cursor on the screen. Used as an alternative to a mouse.

**Traumatic brain injury (TBI):** Typically results from a violent blow or jolt to the head. The term TBI is often used synonymously with the term "head injury."



