



# LEARNING AND OTHER COGNITIVE DISORDERS

## GED Testing Service® Accommodation (Reasonable Adjustment) Request Form

Testing accommodations are any adjustments made to testing conditions that allow candidates to access the test.

### SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION:

Complete all information. Make sure that all sections are complete before you submit the form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Additional person(s) you permit GED Testing Service® Accommodations Team to contact on your behalf regarding this request.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dates this authorization is valid from: \_\_\_\_\_ to \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18, a parent or guardian must also sign.**

Parent/Guardian's Printed Name (if Candidate is under 18): \_\_\_\_\_

Parent/Guardian's Signature (if Candidate is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: REQUESTED ACCOMMODATIONS:**

Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Name of the disorder(s) for which test accommodations are requested:

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Date(s) of assessment: \_\_\_\_\_

Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last five (5) years.

Documentation should:

1. Include a clear diagnosis
2. Include results from objective tests of intelligence and academic achievement (Please refer to our "[Commonly Used Intellectual and Academic Assessments](#)" reference for more information).
3. Document the history of impairment
4. Confirm that the underachievement is not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second-language (ESL) factors
5. Provide information on current functional limitations that are likely to affect the candidate's ability to take the test under standard conditions
6. Provide a specific rationale for each requested accommodation

Detailed documentation guidelines for Learning and Other Cognitive Disabilities can be found on-line at: <http://www.gedtestingservice.com/testers/computer-accommodations>, scroll down to Documentation Guidelines and click on the "Download" link for Learning & Cognitive Disorders (LCD).

**FAX accommodation requests to: 1-202-464-4894**

**Questions? Email us: [accommodations@ged.com](mailto:accommodations@ged.com)**