



PSYCHOLOGICAL & PSYCHIATRIC DISORDERS

GED Testing Service® Accommodation

(Reasonable Adjustments) 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 discuss/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 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: _____

SECTION 3:

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

Date(s) of assessment: _____

Supporting documentation should be attached to this request form. Documentation is current if the assessment was completed within the last **(1)** year.

Documentation should:

1. Include a specific diagnosis
2. Document the history of impairment
3. Confirm that the symptoms are not due to other disorders, such as ADHD, a learning disorder, or English-as-a-second-language (ESL) factors
4. Provide information on current functional limitations that are likely to affect the candidate's ability to take the test under standard conditions
5. Provide a specific rationale for each requested accommodation

Meeting criteria for psychological disorder using globally recognized standards (e.g., DSM, ICD): The detailed letter or report should discuss how the individual meets **ALL the diagnostic criteria for the disorder** (not just manifestation of symptoms).

Documenting the functional impact of the disorder. List **2 or more activities of daily living** that are impaired as a result of the person's condition. NOTE: *Activities of daily living* include such basic tasks as operating a motor vehicle, caring for oneself, engaging in appropriate social interactions, employment, marital relations, and participating in academic pursuits. Examples of activities that would not be considered central to daily living include "test-taking", "spelling", "feeling comfortable in groups", and "recalling math facts".

Detailed documentation guidelines for Intellectual Disabilities can be found on-line at: <http://www.gedtestingservice.com/accommodations>, follow the link to "All US Test-Takers", and click on the "Evaluators: EPP* (PDF)", link under "Supporting Documentation".

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

Questions? Email us: accommodations@gedtestingservice.com