

HiSET TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information (*continued*)

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

Privacy Policy

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, use and transmit your personal information including, full name, home address, email address, telephone number, Social Security number, passport number, biometric data such as fingerprints, audio recordings and video files and your answers to other background information questions, the test you are registering for, test date, payment information, 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, we may use your Personal Information in ways described in more detail in one or more other agreements.

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. Remember, however, that we may still send email or call you in order to provide a product or service that you request.

By registering for a HiSET test, 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 or attached hereto for paper-based assessments.

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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.

- I acknowledge that I have read and fully understand the Privacy Policy on page 2 of the HiSET Testing Accommodations Request Form and agree that I will comply with the guidelines contained in the policy.
- I acknowledge that I have read and fully understand the Privacy Policy on page 2 of the HiSET Testing Accommodations Request Form and do not agree to comply with the guidelines contained in the policy.

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
- Screen Reader
- Refreshable Braille

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)

*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.

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 _____
-

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 _____
-

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 _____
-

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 _____
-

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.