



# PILOT GED® ACCOMMODATIONS REQUEST FORM

## PSYCHOLOGICAL & PSYCHIATRIC DISORDERS

### SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION: To be completed by GED® candidate

Complete all information and sign the release statement at the end of the section. Make sure that Sections 1-3 are complete before you submit the form to the Chief Examiner at the testing center where you plan to take the GED® tests. The GED Chief Examiner™ will review the form and your documentation and let you know if additional information is required.

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

Social Security/Social Insurance Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

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

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

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

**Release of Information:** I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to GED Testing Service® and its designees in connection with my request for testing accommodations. If you are under 18, a parent or guardian must also sign.

Test-Taker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

### SECTION 2: REQUESTED ACCOMMODATIONS: To be completed by GED® candidate In consultation with professional diagnostician or advocate

Please indicate which accommodations you are requesting (check all that you are requesting):

- Extended Time: Standard time + 25% (total: 8 hr. 53 min.)
- Supervised Breaks: 30 minutes testing/5 minutes break
- Supervised Breaks: 45 minutes testing/10 minutes break
- Testing in a private room or reduced-distraction room
- Other (specify, and include a justification below): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: To be completed by professional diagnostician

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

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

**Part 1:** The professional diagnostician or an advocate must complete this section. Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last (1) year.

Documentation must:

- 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 test-taker's ability to take the GED® tests under standard conditions
- 5) Provide a specific rationale for each requested accommodation

**Part 2: Evaluator's report:** The qualified evaluator must provide a detailed report that meets **all** of these general guidelines:

- The report is no more than 1 year old
- The report is printed on the evaluator's letterhead
- The report is signed by the professional
- The report includes a specific diagnosis

**Part 3: Evidence of current impairment.** The qualified evaluator must provide a detailed letter or report. Examples of information that may be included:

- Age that symptoms of the disorder first appeared
- Age of first diagnosis
- History of the impact of the disorder
- The current impact of the disorder on academic functioning and other activities of daily living
- Recommended accommodations on the GED® test with specific rationale
- The written report includes SPECIFIC recommendations for testing accommodations (note that phrases such as "extended time" and "untimed tests" are not specific). If extra time is recommended, the exact amount (25%, 50% or 100%) is specified
- The report must include a rationale for each recommended accommodation

**Part 4: Meeting DSM-IV-TR criteria for a psychological disorder:** The detailed letter or report must discuss how the individual meets **ALL the DSM-IV-TR diagnostic criteria for the disorder** (not just manifestation of symptoms).

**Part 5:** 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," "stressful situations," "feeling comfortable at parties," and "getting along with the roommate."

List **2 or more** *activities of daily living* that are impaired as a result of the person's condition here:

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

**Part 6:** *Other possible explanations for the disorder have been investigated, considered, and ruled out:* As a professional diagnostician, you certify that the following statements are true:

- You are confident that language or cultural differences are not primarily responsible for the person's presenting problems.
- You are confident that another disorder (e.g., ADHD, a learning disability, or a medical condition or physical impairment) is not primarily responsible for the person's symptoms.
- You are confident that during the psychological evaluation the test-taker was fully engaged and appeared to be putting forth best effort.

**Part 7:** *Appropriateness of extra time accommodations.* For many test-takers with psychological disorders, it may not be wise to dramatically lengthen the duration that they will sit for the test. For example, some test-takers with emotional conditions have trouble sustaining their concentration over time, so doubling the amount of time they will have to focus may not be appropriate. For other candidates, simply providing them the opportunity to take more frequent rest breaks is the only accommodation they need.

As a mental health professional, you certify that the following statements are true:

- You have carefully considered the appropriateness of significantly lengthening the duration of the exam for this candidate, prior to recommending extra testing time on the GED® test.
- You have carefully considered alternative accommodations (other than extra time), such as stop-the-clock breaks and testing in a private room.

Name of Diagnosing Professional: \_\_\_\_\_

Highest Degree and Area of Specialization: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Issuing State/Province/Territory: \_\_\_\_

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

Diagnosing Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the professional diagnostician is not available, an Advocate may help the Candidate complete this section. An Advocate is someone like a nurse or a teacher who helps the test-taker request testing accommodations. If you are the Advocate, provide your information below.

Name of Advocate: \_\_\_\_\_

Relationship to Test-taker: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Advocate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4: To be completed by the GED Chief Examiner™**

**Part 1:** *Evidence of current impairment:*

- The candidate has provided a detailed letter or report from a qualified professional that includes the following:
  - Age that symptoms of the disorder first appeared
  - Age of first diagnosis
  - History of the impact of the disorder
  - The current impact of the disorder on academic functioning and other activities of daily living
  - Recommended accommodations on the GED® test with specific rationale

**Part 2:** *Evaluator's letter or report:*

- The detailed letter or report from a qualified professional is:
  - No more than **1** year old
  - Printed on the evaluator's letterhead
  - Signed by the professional
  - Includes a specific diagnosis

**Part 3:** Please review the form to be certain that all sections are complete and that all supporting documentation is included. Missing information may delay the review of the test-taker's request. Sign and date the form before sending it to your GED Administrator™.

*GED Chief Examiner™ declaration:*

- I have reviewed this request form and the attached documentation and verify that it is complete.

Chief Examiner Name: \_\_\_\_\_ 10-Digit Center ID #: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

GED Chief Examiner's™ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5: To be completed by GED Administrator™**

Please review the form to be certain that all sections are complete and that all supporting documentation is included.

This application is incomplete and requires the following missing information before it can be reviewed:

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GED Administrator's™ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is complete and the following accommodations are approved:

Extended Time: Standard time + 25% (total: 8 hr. 53 min.)

Supervised Breaks: 30 minutes testing/5 minutes break

Supervised Breaks: 45 minutes testing/10 minutes break

Testing in a private room or reduced-distraction room

Other (specify): \_\_\_\_\_

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This application has been formally reviewed by the GED Administrator™ but, for the following reason(s) it has been forwarded to GED Testing Service for review:

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GED Administrator's™ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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