



# INTELLECTUAL DISABILITIES

## GED® Accommodation Request Form

This form should be used for candidates whose overall cognitive and adaptive functioning is substantially below average, below the minimum level needed for a diagnosis of a learning disability. This may include individuals who have been diagnosed with conditions such as "Borderline Intellectual Functioning", "Mild Mental Retardation", or "Developmental Disability".

### 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 GED 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.)
- Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- Extended Time: Standard time + 100% (total: 14 hr. 10 min.)
- Supervised Breaks: 30 minutes testing/5 minutes break
- Supervised Breaks: 45 minutes testing/10 minutes break
- Audiocassette with 50% Extended Time (total: 10 hr. 38 min.)\*
- Audiocassette with 100% Extended Time (total: 14 hr. 10 min.)\*
- Scribe\*
- Calculator for Part II of the Mathematics Test
- Testing in a private room or reduced-distraction room
- Other (specify, and include a justification below): \_\_\_\_\_

\*Note: accommodations marked with an \* are automatically approved with a Private Room to prevent distraction to other test-takers.

**SECTION 3: RESULTS OF OBJECTIVE ASSESSMENT**  
**To be completed by professional diagnostician or advocate**  
**(see end of SECTION 4 for information about who can be an advocate)**

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

---

---

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 five (5) years.

Documentation must:

1. Include a specific diagnosis
2. Include results from specific objective tests of intelligence and academic achievement (acceptable tests listed below)
3. Document the history of impairment
4. Confirm that the symptoms are 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

**Part 2:** *Candidate's background information:* The qualified evaluator must provide a detailed letter or report. Examples of information that may be included:

- The candidate's educational history (not just the history of using accommodations)
- The history of the disorder, as well as its impact on academic functioning and functioning in other domains
- The candidate's levels of adaptive behavior and functioning in activities of daily living
- The candidate's history of using accommodations
- The current impact of the disorder on academic performance, employment (if relevant), and other daily activities
- The candidate's native language (if English is not the candidate's native language, then complete Part 3 below).
- The age of the initial diagnosis (NOT when the first symptoms appeared, but when the disorder was formally diagnosed)

**Part 3:** *To be completed only if the candidate's native language is NOT English:* The following information MUST be specified in the diagnostic report

- The report specifies when the candidate first learned English
- The report specifies the candidate's current level of proficiency with oral as well as written English
- The report includes a statement that English-as-a-second-language (ESL) factors are not primarily responsible for the person's current academic difficulties.

**Part 4:** *Regarding the diagnostic report:* The following information **MUST** be specified in the diagnostic report:

- Age norms were used for scoring all tests (except when unavailable from the test manufacturer)
- All test scores are included in the written report (Standard scores and equivalent percentiles)

**Part 5:** *Measurement of intelligence.* Check which **ONE** of the following acceptable measures of intellectual functioning were administered:

- WAIS-IV (skip to Part 5a)
- WAIS-III, if administered on Dec. 31, 2010 or earlier (skip to Part 5b)
- WISC-IV, if administered within the past 5 years (skip to Part 5c)
- Kaufman Adolescent & Adult Intelligence Test (KAIT) (skip to Part 5d)
- Stanford-Binet Intelligence Scale-5 (SB-5) (skip to Part 5d)
- Reynolds Intellectual Assessment Scales (RIAS) (skip to Part 5d)
- WJ-III General Intellectual Ability (GIA) (skip to Part 5d)

*NOTES: IQ screening measures (e.g., WASI, K-BIT) are NOT acceptable. Older editions of the WAIS are NOT acceptable.*

**Part 5a: WAIS-IV scores**

<b>Verbal Comprehension Index:</b> _____	<b>Perceptual Reasoning Index:</b> _____
<b>Working Memory Index:</b> _____	<b>Processing Speed Index:</b> _____
	<b>Full-scale IQ:</b> _____

**Part 5b: WAIS-III scores**

<b>Verbal IQ:</b> _____	<b>Performance IQ:</b> _____	<b>Full-scale IQ:</b> _____
-------------------------	------------------------------	-----------------------------

**Part 5c: WISC-IV scores**

<b>Verbal Comprehension Index:</b> _____	<b>Perceptual Reasoning Index:</b> _____
<b>Working Memory Index:</b> _____	<b>Processing Speed Index:</b> _____
	<b>Full-scale IQ:</b> _____

**Part 5d: Other intelligence scores**

<b>KAIT Composite Intelligence Index:</b>	_____
<b>RIAS Composite Intelligence Index:</b>	_____
<b>SB-5 Composite (Full-Scale) Intelligence:</b>	_____
<b>WJ-III GIA:</b>	_____

**SECTION 4: DOCUMENTING THE ACADEMIC IMPACT**  
**To be completed by professional diagnostician**

**3 or more** of these tests must have been administered. At least one of these must be a reading test, and at least one must be a math test.

**Part 1: Measures of *untimed* achievement:**

Insert the Standard scores:

- WJ-III Letter-Word Identification \_\_\_\_\_
- WJ-III Passage Comprehension \_\_\_\_\_
- WJ-III Word Attack \_\_\_\_\_
- WIAT-II / WIAT-III Word Reading \_\_\_\_\_
- WIAT-II / WIAT-III Pseudoword Decoding \_\_\_\_\_
- WIAT-II / WIAT-III Reading Comprehension \_\_\_\_\_
- PIAT-R/NU Reading Recognition \_\_\_\_\_
- PIAT-R/NU Reading Comprehension \_\_\_\_\_
- WRAT-4 Reading \_\_\_\_\_
- KTEA-II Letter & Word Recognition \_\_\_\_\_
- KTEA-II Reading Comprehension \_\_\_\_\_
- KTEA-II Nonsense Word Decoding \_\_\_\_\_
- WJ-III Writing Samples \_\_\_\_\_
- WJ-III Editing \_\_\_\_\_
- WIAT-II Written Expression \_\_\_\_\_
- WIAT-III Sentence Composition \_\_\_\_\_
- WIAT-III Essay Composition \_\_\_\_\_
- TOAL-4 Written Language Composite \_\_\_\_\_
- PIAT-R/NU Written Expression \_\_\_\_\_
- KTEA-II Written Expression \_\_\_\_\_
- WJ-III Calculation \_\_\_\_\_
- WJ-III Applied Problems \_\_\_\_\_
- WJ-III Quantitative Concepts \_\_\_\_\_
- WIAT-II Math Reasoning \_\_\_\_\_
- WIAT-III Math Problem Solving \_\_\_\_\_
- WIAT-III Numerical Operations \_\_\_\_\_
- PIAT-R/NU Mathematics \_\_\_\_\_
- KTEA-II Math Computation \_\_\_\_\_
- KTEA-II Math Concepts & Applications \_\_\_\_\_

**Part 2: Measurement of *timed* achievement:**

Insert the Standard scores:

- WJ-III Reading Fluency \_\_\_\_\_
- Nelson-Denny Vocabulary\* \_\_\_\_\_
- Nelson-Denny Comprehension\* \_\_\_\_\_
- SATA Reading Vocabulary \_\_\_\_\_
- SATA Reading Comprehension \_\_\_\_\_
- Gates-MacGinitie Reading Vocabulary \_\_\_\_\_
- Gates-MacGinitie Reading Compr'n. \_\_\_\_\_
- GORT-4 Oral Reading Quotient  
(test-takers <18 years old only) \_\_\_\_\_
- KTEA-II Word Recognition Fluency \_\_\_\_\_
- SATA Writing Composition \_\_\_\_\_
- WJ-III Writing Fluency \_\_\_\_\_
- TOWL-4 Spontaneous Writing Comp. \_\_\_\_\_
- WJ-III Math Fluency \_\_\_\_\_
- SATA Math Calculation \_\_\_\_\_
- SATA Math Application \_\_\_\_\_
- WRAT-4 Math Computation \_\_\_\_\_

\*See Nelson-Denny score conversion table at the end of this form.

**Part 3:** 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 English-as-a-second-language (ESL) factors are not primarily responsible for the person's academic difficulties.
- You are confident that a lack of educational opportunity is not primarily responsible for the person's academic difficulties.
- You are confident that another disorder (e.g., substance use disorder, a psychological or psychiatric disorder, a medical condition or physical impairment) is not primarily responsible for the person's academic difficulties.
- You are confident that the person's cognitive abilities are sufficiently low that a learning disability diagnosis should not be considered.
- You are confident that during the psychoeducational evaluation the test-taker was fully engaged and appeared to be putting forth best effort.

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 form. An Advocate is someone like a nurse or a teacher who helps the candidate request testing accommodations. A family member may not be an Advocate. If you are the Advocate, provide your information below.

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

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

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

**Nelson-Denny Reading Test score conversion**

Nelson-Denny scaled scores are based on a mean of 200 and a Standard Deviation of 25. To convert the scaled scores for use on this form:

1. Write the Vocabulary or Comprehension SCALED SCORE (mean = 200) here: \_\_\_\_\_
2. Subtract 200: \_\_\_\_\_
3. Divide by 25: \_\_\_\_\_
4. Multiple by 15: \_\_\_\_\_
5. Add 100: \_\_\_\_\_
6. Write the number in the space provided in SECTION 4 Part 2.

**SECTION 5: 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 learning problems 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
  - A specific diagnosis
  - 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 **5** years old
  - Printed on the evaluator's letterhead
  - Signed by the professional

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

**Chief Examiner should forward this Request Form,  
along with supporting documentation, to the jurisdictional Administrator for review.**