

GED Test Accommodations Request Form



Section 1: To be completed by GED Test-Taker

To the Test-Taker: To review and determine approval of requested accommodations, we require documentation from a Certified Professional to state a specific diagnosis with a specific recommendation(s) for accommodations, and the accompanying rationale.

1A: Personal Information and Release of Information

Fill in this section completely and sign the release of information statement.

*Make certain all sections are completed by the appropriate professional **before** you return the form to the GED Administrator. The GED Administrator will review the form and let you know if additional information is required.*

Last Name: _____ **First Name:** _____

Birth Date: ____/____/____ **Age:** _____
MM DD YYYY

Address: _____

City: _____ **Province:** _____ **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 the GED Testing Service and its designees in connection with my request for testing accommodations.

Test-Taker Signature

Date (dd-mm-yyyy)

1B: Requested Accommodations

Please identify the accommodations required to support your diagnosed medical condition or learning disability.

Please note that all testing centres are wheelchair accessible. Some accommodations are available only at specific testing centres, not every testing centre can offer all accommodations.

- Extended Time (please specify): **1-1/2 times** **2 times** **Other:** _____
- Calculator for Part II
- Private Room
- Private Room with Supervised Breaks (specify in minutes):
- Uninterrupted testing time: _____minutes **Break time:** _____minutes
- Other:** _____

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Section 2: For the Certified Professional

To the Certified Professional: The General Educational Development (GED) is an internationally recognized high school equivalency testing program that consists of a series of five tests for individuals who haven't completed a high school diploma. Once an individual passes all five tests, they receive a GED certificate. Special accommodations are available for test-takers who have a documented disability that could keep them from taking the GED tests in the way they are usually given; test accommodations are considered on a case-by-case basis.

Please note, for documentation to be considered in the accommodations request:

- *The report must be completed by the Certified Professional and indicate certification or licensure*
- *The report must be on official letterhead and signed by the Certified Professional*
- *The report must provide a diagnosis with supporting documentation of the medical condition or learning disability*
- *Documentation will be viewed as sufficiently current if it has been completed within the last 3 years (older documentation may be considered if that is all that the test-taker can provide without undue burden or expense)*

Accommodations can be requested for an individual with either a medical condition and/ or a learning disability.

Please specify which type(s) of accommodations request is being made below, and ensure the supporting documentation attached is sufficient to support the request.

Medical Condition

To request accommodations for a diagnosed medical condition, information on current functional limitations related to the diagnosis that might affect the test-taker's ability to take the tests under standard conditions must be clear, so that the rationale for the requested accommodation can be properly evaluated.

- *Examples of accepted supporting documentation for medical conditions: letter or report from a General Practitioner or Specialist Physician*

Diagnosed Learning Disability

To request accommodations for a diagnosed learning disability, the current level of impairment and resulting limitations must be clearly documented, in addition to any history that can be provided, so that the rationale for the requested accommodation can be properly evaluated.

- *Examples of accepted supporting documentation for learning disabilities: Psychoeducational assessment, letter or report from a diagnostician specializing in learning disabilities (i.e. a Psychologist with educational or developmental training, an Occupational Therapist, a Speech Pathologist etc.)*

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Section 3: Additional Information

Other Information and Supporting Documents

This section may be completed by the test-taker or by their Certified Professional.

Provide any additional information you wish to be considered when this request for accommodations is reviewed.

**If you are unable to obtain documentation from a Certified Professional, please contact your GED Chief Examiner at 902-424-3626.*

Please return completed GED Test Accommodations Request form with supporting documentation to:

Email: GED@novascotia.ca

Mailing Address:

PO Box 697
Halifax, NS, B3J 2T8

Office Location:

Maritime Centre
1505 Barrington Street, Floor 4N
Halifax, NS, B3J 3K5

For office use only:

Approval by GED Administrator

Approval: Yes _____ No _____

Signature:(initials): _____

Date: ____/____/____

MM DD YYYY