



Learning and Other Cognitive Disorders
Documentation Guidelines for Evaluators
For GED® Test Accommodations

Introduction

Welcome to the GED® testing program!

GED Testing Service is committed to ensuring access to the GED® test for all individuals with disabilities and supports the intention of the Americans with Disabilities Act as Amended (ADAAA).

GED Testing Service provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations. For example, applicants may request someone to record answers, a separate testing room, extra testing time, or presentation of the material in large print.

Evaluators' Role

The following technical information is provided for the evaluators who prepare documentation for GED® candidates as part of their request for GED® test accommodations. GED® candidates requesting test accommodations are asked to share these guidelines with their evaluator so that appropriate documentation can be assembled to support the request for test accommodations.

Requests for test accommodations are inherently individualized and need to be considered on a case-by-case basis. Consequently, no single type of accommodation (i.e., extra time) would necessarily be appropriate for all individuals with disabilities. Moreover, simply demonstrating that an individual meets diagnostic criteria for a particular disorder does not mean that the person is automatically entitled to accommodations.

The purpose of accommodations is to provide GED® candidates with an opportunity to have full access to the test. However, accommodations are not a guarantee of improved performance or test completion.

Specific accommodations should be related to the identified *functional limitations* so that the impairment is mitigated by the requested auxiliary aid or adjustment to the testing format. For example, a functional limitation might be impaired vision which prevents the individual from viewing the test in the standard font size. An appropriate accommodation might be a large-print test booklet. It is essential that the documentation provide a clear explanation of the current functional limitation and a rationale for the requested accommodation.

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REQUEST FOR TESTING ACCOMMODATIONS LEARNING AND OTHER COGNITIVE DISABILITIES

To be completed by Chief Examiner.
Last-Taker's Last 4 SSN/SIN

SECTION ONE: TO BE COMPLETED BY THE GED® TEST-TAKER

Complete all information and sign the release statement at the end of the section. Make sure that Sections 1, 3, and 4 are complete before you submit the form to the Chief Examiner at the testing center where you plan to take the GED® Tests. The Chief Examiner will review the form and your documentation and let you know if additional information is required.

Test-Taker Name: _____

**Social Security/
Social Insurance Number:** _____ **Date of Birth:** ____/____/____ **Age:** ____
MM DD YYYY

Address:

STREET (NUMBER AND NAME) _____ APARTMENT NUMBER _____ PO BOX _____
CITY _____ STATE/PROVINCE/TERRITORY _____ ZIP/POSTAL CODE _____

Phone Number: _____
AREA CODE

E-mail Address: _____

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 (under 18): _____

Signature: _____ **Date:** _____

SECTION TWO: TO BE COMPLETED BY THE GED® CHIEF EXAMINER

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.

Chief Examiner Name: _____

Center Name: _____ **Center ID:** _____
10-DIGIT NUMBER

Phone Number: _____ **Fax Number:** _____
AREA CODE AREA CODE

E-mail Address: _____

I have reviewed this request form. The request form is complete and all required documentation is attached.

GED® Chief Examiner's Signature: _____ **Date:** _____

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Detailed Documentation Requirements

GED® candidates who are requesting accommodations based on a diagnosis of a long-term physical disability or chronic health condition must provide a report of a current, comprehensive medical evaluation. The diagnosis of ADHD and recommended accommodations must be based on the aggregate of relevant history, levels of current functioning, clinical judgment, and optionally, objective test results.

Note that meeting diagnostic criteria for a disorder does not necessarily mean that the individual will be found to be *disabled* as defined by the ADA Amendments Act.

The evaluation must:

1. Be performed by a qualified evaluator (see Note #1 below)
2. Be current (< 1 year; see Note #2 below)

The detailed letter or report must:

3. Include identifying information:
 - a) The first page of the detailed letter or report should be printed on the evaluator's letterhead, and should provide relevant identifying information, including the examinee's name, date of birth, the examination dates, age at the time of testing, and grade and school (if applicable).
 - b) The last page of the report should be signed by the evaluator.
4. Include a comprehensive history:
 - a) age that symptoms of the disorder first appeared
 - b) relevant educational history
 - c) relevant psychosocial history
 - d) relevant medical history
 - e) history of the condition
 - f) history of the *impact* of the condition (not just past use of accommodations)
5. Include a detailed discussion of the current presentation, including current treatments (e.g., medications) and their effectiveness, current test results, and the current impact of the disorder on academic performance, employment (if relevant), and other daily activities
6. Include a discussion of the expected duration and prognosis of the condition
7. Include specific recommendations for accommodations (see Note #3 below)
8. Include a specific rationale for each recommended accommodation

NOTES:

1. A qualified professional must administer the tests in the evaluation. An individual is deemed to be qualified to assess an individual for a physical or health-related disability if s/he has had extensive graduate-level training in the area of medical assessment of adults. In most cases, the evaluator should have an M.D., O.D., or D.O. degree. The name, title, and professional credentials of the evaluator must be clearly stated in the documentation. GED® Testing Service reserves the right to request evidence from an evaluator of their professional qualifications. Assessment by family members, even if otherwise qualified, will not be accepted.

2. Currency: Because the provision of reasonable accommodations is based on assessment of the *current impact* and *current functional limitations* caused by the applicant's disability, GED® Testing Service requires

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REQUEST FOR TESTING ACCOMMODATIONS PHYSICAL/CHRONIC HEALTH DISABILITY

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Test-taker's Last 4 SSN/SIN

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Parent/Guardian's Name (if under 18): _____

Signature: _____ **Date:** _____

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Psychological and Psychiatric Disorders
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REQUEST FOR TESTING ACCOMMODATIONS EMOTIONAL/PYSCHOLOGICAL/PYSCHIATRIC DISABILITY

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MM DD YYYY

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Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)
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REQUEST FOR TESTING ACCOMMODATIONS ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

To be completed by Chief Examiner
Test-Taker's Last 4 SSN/SIN

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**Social Security/
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MM DD YYYY

Address:

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