



**7. Test** for which you are registering (choose only one)

- General Knowledge       Subject Area Examination \_\_\_\_\_  
test name
- Professional Education       FELE

**8.** Identify the disability for which you require alternative testing arrangements.

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**9.** List the specific alternative testing arrangement(s) that you are requesting.

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**10. Previous alternative testing arrangements** (check one of the following):

- I have not previously been granted alternative testing arrangements for the FTCE/FELE.
- I was granted for a previous administration of the FTCE/FELE the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: \_\_\_\_\_. If within the past three years, you do not need to resubmit documentation this time.)
- I was granted for a previous administration of the FTCE/FELE different alternative testing arrangements from those which I am currently requesting. (Please explain and include the test date:

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**11. Documentation**

You must enclose all required documentation, on official letterhead stationery (including physician name, address, and telephone number), from a medical doctor or licensed psychologist (including license number). The documentation must meet the following criteria:

- It describes and attests to the specific disability and that the disability substantially limits one or more major life activities; test data must be interpreted and summarized.
- It is dated within the past 3 years when first presented. It will be kept on file and is valid for use by the FTCE/FELE program office for 3 years after it is received.

**12.** I have read the 2009 FTCE/FELE Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin and I certify that I am the person whose name and address appear on this form. I am submitting, together with this completed Alternative Testing Arrangements Request Form for Computer-Based Testing, any required documentation as noted in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the DOE in order to process my request. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test(s) under alternative conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date