

8. Alternative Testing Arrangements

Indicate which of the following accommodations are supported by the documentation on file at your institution and provided by your institution for the candidate. If the candidate is requesting an accommodation not listed below, documentation must be submitted directly to Evaluation Systems.

- 50% Extra time (time and one half)
- Screen magnification software (allowing for magnification **greater** than 200%)*
- Sign language interpreter (for communication with test center staff)
- Braille test format

*Documentation is not required for font enlargement up to 200%.

Documentation

Please provide the following information contained in the most recent documentation on file for the candidate named in section 1 of this form.

9. Name and credentials of diagnosing professional (cannot be the individual named in section 3)

10. Diagnosed disability or disabilities:

11. Date of the evaluation:

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12. Certification

Please review the below statements. If any of the below statements cannot be certified, please submit documentation directly to Evaluation Systems in lieu of submitting this form.

By initialing each statement below, I certify that:

- The documentation on file for this candidate meets all requirements described in "How do I make a request?" on the FELE/FTCE Program website.

 Initials
- The documentation on file for this candidate is current, according to the "How do I make a request?" on the FELE/FTCE Program website.

 Initials
- I understand this form may only be used for the accommodations listed in section 8.

 Initials

13. I certify that I am the person whose name appears on this form. I have printed this form on official institution letterhead. I have reviewed the "About Alternative Testing Arrangements" section of the current FTCE/FELE Program website and certify that the documentation supporting the candidate's request for accommodations referenced on this form meets the criteria described therein and is on file with the institution named on this form. I agree to produce a copy of the documentation referenced on this form for Evaluation Systems upon request as part of program monitoring and review, which may include routine audits. Evaluation Systems reserves the right to suspend the Institutional Verification of Documentation option for an institution found to be in noncompliance with associated requirements as a result of such an audit. I understand that the candidate authorizes the release of this information by submitting a completed Alternative Testing Arrangements Request Form.

Signature

Date