



**2018–19**

***Georgia Assessments for the Certification  
of Educators® (GACE®)***

**Bulletin Supplement  
for Test Takers with Disabilities  
or Health-related Needs**

**NOTE:** This supplement contains procedures and forms for requesting accommodations for the Georgia Assessments for the Certification of Educators® (GACE®) program.

Use this supplement **together** with the 2018–19 GACE *Registration Bulletin* (see page 8).

Visit the ETS website at ***[www.ets.org/disabilities](http://www.ets.org/disabilities)***  
for the most up-to-date information.

## Table of Contents

General Information .....	3
Contact Information .....	3
How to Request Accommodations .....	4
<u>Step 1</u> : Eligibility.....	6
<u>Step 2</u> : Determine the Accommodations You Need.....	6
<u>Step 3</u> : Review the <i>Registration Bulletin</i> .....	8
<u>Step 4</u> : Test Format.....	8
<u>Step 5</u> : If Submitting Materials by Mail or Email, Complete the Registration Form.....	8
<u>Step 6</u> : Complete the Testing Accommodations Request Form.....	8
<u>Step 7</u> : Gather Your Disability Documentation .....	9
<u>Step 8</u> : Submit Completed Forms and Documentation to ETS Disability Services .....	10
<u>Step 9</u> : Register and Submit Payment Once Your Request Is Approved .....	11
Changing or Canceling Your Test .....	12
GACE Test Preparation .....	12
Score Reporting.....	12
Glossary .....	13
GACE Testing Accommodations Request Form	
Part I – Applicant Information .....	15
Part II – Accommodations Requested.....	21
Part III – Certification of Eligibility: Accommodations History.....	23
GACE Registration Form for Testing with Accommodations .....	28

## **General Information**

---

ETS is committed to serving test takers with disabilities or health-related needs by providing reasonable accommodations that are appropriate given the purpose of the test.

The *Bulletin Supplement for Test Takers with Disabilities or Health-related Needs* for GACE® assessments contains contact information, a list of some of the accommodations ETS most frequently approves and provides, procedures and forms for requesting testing accommodations, and a registration form. The *Supplement* should be used in conjunction with the information in the *GACE Registration Bulletin*.

## **Contact Information**

---

### **ETS Disability Services**

**Phone:** 1-866-387-8602 (toll-free in the U.S., U.S. Territories, and Canada)  
1-609-771-7780 (all other locations)  
Monday–Friday 8:30 a.m.–5 p.m. U.S. Eastern Time (New York)

**Mail:** ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054

**General Email Inquiries:** [stassd@ets.org](mailto:stassd@ets.org)

**Requests for Testing Accommodations:** [disability.reg@ets.org](mailto:disability.reg@ets.org)

**Courier Service:** ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426

## How to Request Accommodations

Requests for accommodations must be submitted to ETS Disability Services for consideration. Requests can be submitted online, by email, or by mail.

**Important:** Test takers requesting accommodations **MUST** complete a *Testing Accommodations Request Form* and submit it to ETS Disability Services. The form can be submitted online or by mail.

You must submit your request and have your accommodations approved by ETS Disability Services before your GACE test can be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible, especially if you are requesting an alternate test format. Documentation review takes approximately six weeks once your request and complete paperwork have been received at ETS. If additional documentation must be submitted, it can be another six weeks from the time the new documentation is received until the review is complete. ETS is committed to producing alternate test formats as quickly as possible; however, production times may vary.

Information about GACE program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures, and score reporting information is available in the *GACE Registration Bulletin* and on the GACE website at [www.gace.ets.org](http://www.gace.ets.org). It is recommended that you review this information prior to requesting accommodations. It is also recommended that you review "Tips for Test Takers with Disabilities," available at [www.ets.org/disabilities/tips](http://www.ets.org/disabilities/tips).

To submit your request for accommodations online, you will need to create an ETS GACE testing account at [www.gace.ets.org/mygace](http://www.gace.ets.org/mygace). In your GACE testing account you can view approved accommodations and test registrations. If you are requesting certain testing accommodations (extended time, extra breaks, screen magnification, selectable background and foreground colors), you can also self-schedule your test online through your GACE testing account once your accommodations have been approved. If you are requesting accommodations other than the four listed above, you cannot schedule your test online; however, you will be able to indicate your preferred test date and location online.

## Steps to Request Accommodations

To request accommodations for a GACE test, follow the steps below:

1. Determine if you are eligible to take a GACE assessment and gain approval to test.
2. Determine the accommodations you need.
3. Review the *Registration Bulletin*.
4. Determine if you need an alternate test format.
5. Complete the Testing Accommodations Request Form.
6. Gather your disability documentation.
7. If submitting your material by mail or email, complete the registration form for testing with accommodations in this supplement.
8. Submit all completed forms and required documentation to ETS Disability Services by mail, email, or online through your ETS GACE testing account.
9. Register and submit payment once your request is approved.

Detailed information regarding each of these steps is provided in this supplement.

## Step 1: Eligibility

---

If you are enrolled in a Georgia state-approved educator preparation program within a college or university, you must be approved to test by your program provider to take a GACE assessment for Georgia certification. If you are not enrolled in a Georgia state-approved educator preparation program, or you are from a state other than Georgia, the GaPSC will automatically provide approval to test when you set up your MyPSC account on the GaPSC website. See the *GACE Registration Bulletin* for information about creating your MyPSC account.

## Step 2: Determine the Accommodations You Need

---

Certain medical devices are allowed in the testing room without having to request approval. These items include, but are not limited to, earplugs (foam with no strings), bandages, hearing aid/cochlear implant, spinal cord stimulator, catheter, canes, crutches, and service animals. The full list of items not requiring approval as accommodations is available at [www.ets.org/disabilities/test\\_takers/faq](http://www.ets.org/disabilities/test_takers/faq).

If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump that is attached to your body plus the transmitter used to program the pump) or your pump is especially noisy. If the pump cannot be silenced and is likely to disturb other test takers, requesting accommodations is a good idea so you can be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require accommodations; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

### Health-related Needs and Minor Accommodations

“Health-related needs” refers to a variety of medical conditions that impact a major life activity, such as those affecting digestion, immune function, respiration, circulation, endocrine functions, etc. Documented health needs include conditions such as diabetes, epilepsy, and chronic pain.

Some documented health needs require **only minor accommodations**. Minor accommodations include, but are not limited to: special lighting; adjustable table or chair; extra breaks for medication or snacks; or a separate room if food, beverages, or glucose testing materials are necessary during the test session. ETS in conjunction with Prometric® has developed a list of pre-approved personal items that do not require approval. Please refer to Pre-Approved Personal Items at [www.ets.org/disabilities/prometric](http://www.ets.org/disabilities/prometric).

If you require minor accommodations, you must submit:

- the **registration form** from this supplement (see “Step 5: If Submitting Materials by Mail or Email, Complete the Registration Form” on page 8)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 6: Complete the Testing Accommodations Request Form” on page 8)
- a **letter of support** from a medical doctor or other qualified professional stating the nature of the condition and the reason for the minor accommodation requested (a note on a prescription pad is not acceptable)
- the **appropriate test fee when you register**

## Most Commonly Accepted and Approved Accommodations

### Extended Testing Time (all tests are timed)

- 50 percent (time and one-half)
- 100 percent (double time; documentation required)

**Extra Breaks** — Breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

### Accommodations for Computer-delivered Tests Only

- Ergonomic keyboard
- IntelliKeys keyboard
- Keyboard with touchpad
- Screen magnification
- Selectable background and foreground colors
- Trackball

### Alternate Test Formats

- Braille (only applicants who are blind or have low vision)
- Large-print test book
- Large-print answer sheet
- Audio recording<sup>1</sup>

### Assistance

- Human reader
- Scribe

*Assistance for Spoken Directions Only (only for applicants who are deaf or hard-of-hearing)*

- Oral interpreter
- Sign language interpreter

*Assistance for Note Taking (only for applicants who are blind or low vision)*

- Braille slate and stylus
- Perkins braille<sup>®</sup>

---

<sup>1</sup>For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

### **Step 3: Review the *Registration Bulletin***

---

The GACE *Registration Bulletin* is a free publication that contains program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures, and score reporting information. The *Bulletin* is available on the GACE website at [www.gace.ets.org/about/bulletin](http://www.gace.ets.org/about/bulletin).

### **Step 4: Test Format**

---

All GACE assessments are computer-delivered. If you need an alternate format of an assessment, see page 7 for a list of some of the most commonly requested and approved alternate test formats.

### **Step 5: If Submitting Materials by Mail or Email, Complete the Registration Form**

---

If you plan to submit your materials to ETS Disability Services by mail or email, complete and include the Registration Form for Testing with Accommodations on pages 28–31 of this supplement.

### **Step 6: Complete the Testing Accommodations Request Form**

---

Complete the Testing Accommodations Request form. You can complete the form in this supplement or you can access this form through your ETS GACE testing account at [www.gace.ets.org/mygace](http://www.gace.ets.org/mygace).

#### **Part I — Applicant Information (pages 15–20)**

Complete this section and sign the Applicant's Verification Statement, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years.

#### **Part II — Accommodations Requested (pages 21–22)**

Complete this section, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years. If you are requesting accommodations other than those listed in Part II, you must describe them under "Other Accommodations."

#### **Part III — Certification of Eligibility: Accommodations History (COE) (pages 23–27)**

You are encouraged to submit a Certification of Eligibility: Accommodations History as verification of your use of accommodations in employment or post-secondary education within the past three years.

If you have received ETS approval for a GACE®, GRE®, HiSET®, ParaPro, *Praxis*®, or TOEFL® test, or a School Leadership Series assessment, within the last two years and your documentation is still current, you may request the same accommodations during the 2018-19 testing year and you do NOT need to complete this section.



## Step 7: Gather Your Disability Documentation

---

*You must submit disability documentation if:*

- you are requesting accommodations other than 50 percent (time and one-half) and/or extra breaks; or
- you indicate in Part I of the *Testing Accommodations Request Form* that you have a medical condition, or you check “Other” under “Nature of your disability;” or
- you were first diagnosed with a disability within the past 12 months; or
- you are requesting accommodations that are different from those that ETS approved for you within the last two years, or you are requesting those same accommodations but for a different test; or
- you have not previously used the accommodations you are now requesting; or
- you have a sensory disability and your accommodations request does NOT match the specifications that follow; or
- you are unable to submit a Certification of Eligibility: Accommodations History.

**DO NOT** send documentation if you are not required to do so. Once documentation has been submitted and reviewed, all decisions are based on the documentation. If documentation is not needed, submitting it will delay the review process. An Individualized Education Program (IEP) or 504 Plan provides a history of disability and accommodations use; however, an IEP or 504 Plan alone is not sufficient documentation.

*If you are blind or legally blind*, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- |   |  |
|---|--|
| ○ Screen magnification                        | ○ Scribe                                       |
| ○ Selectable background and foreground colors | ○ Braille slate and stylus                     |
| ○ Braille                                     | ○ Perkins brailler                             |
| ○ Large print (test book and/or answer sheet) | ○ 50 percent extended time (time and one-half) |
| ○ Audio recording                             | ○ Extra breaks                                 |
| ○ Reader                                      |  |

*If you are blind or legally blind*, a request for 100 percent extended time (double time) does not require documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting braille, a reader, or an audio recording.

*If you have low vision or some other condition that affects visual functioning*, such as an eye coordination disorder, please refer to the “Policy Statement for Documentation of Blindness and Low Vision in Adolescents and Adults” on the ETS website at [www.ets.org/disabilities/documentation](http://www.ets.org/disabilities/documentation).

*If you are deaf or hard-of-hearing*, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- |  |  |
|--|--|
| ○ 50 percent extended testing time (time and one-half) | ○ Sign language interpreter (for check-in assistance and spoken directions only) |
| ○ Extra break(s)                                       | ○ Oral interpreter (for check-in assistance and spoken directions only)          |

## Using Previously Approved Accommodations

If you previously received ETS approval for accommodations on a GACE test, please review your approval letter to determine if your accommodations approval has expired. If your accommodations have not yet expired, you may reregister following the directions on your letter.

If you have received approved accommodations from ETS for another test (for example, the TOEFL test, a *Praxis* test, or a School Leadership Series assessment) and your documentation is still current, you may request the same accommodations for a GACE test during the 2018-19 testing year without having to provide disability documentation. The accommodations ETS previously approved for you will be approved again if they are appropriate for the current test.

## Step 8: Submit Completed Forms and Documentation to ETS Disability Services

---

Requests for testing accommodations may be submitted via mail, email, or online. Be sure to include the appropriate documents with your submission. An incomplete application will cause a delay in processing your request.

### Submitting Your Material Online in Your ETS GACE Testing Account

You can submit materials online through your ETS GACE testing account at [www.gace.ets.org/mygace](http://www.gace.ets.org/mygace). Once signed in, select "Accommodation Status/New Request" under "Test Takers with Disabilities or Health-related Needs" section on the home page and follow the instructions.

Be sure to include the following with your request:

- Testing Accommodations Request Form
- Disability documentation (if required)
- Appropriate GACE test fee

Once your accommodations have been approved you will receive an email from ETS Disability Services with instructions regarding how to register for the test.

### Submitting Your Material by Email

Be sure to attach the following completed forms with your email message:

- Testing Accommodations Request Form
- Disability documentation (if required)
- Appropriate GACE test registration form

Requests for accommodations should be sent to [disability.reg@ets.org](mailto:disability.reg@ets.org).

Do not include credit card information with your email. Once your application has been received, you will be sent an email with instructions regarding payment options.

## Submitting Your Material by Mail or Courier Service

Be sure to include the following with your request:

- Testing Accommodations Request Form
- Disability documentation (if required)
- GACE registration form
- GACE test fee

Mail your material to the appropriate address below.

### Mail

ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054  
U.S.A.

### Courier Service

ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426  
U.S.A.

## Step 9: Register and Submit Payment Once Your Request Is Approved

ETS will send you an authorization letter confirming the accommodations that have been approved.

- **Computer-delivered Testing**

The authorization letter will include instructions that you must follow to schedule your test. Do not register to take a computer-delivered test until you receive your authorization letter. When scheduling your test, be prepared to provide the authorization/voucher number and the information contained in the letter.

- **Alternate Test Format**

A representative from ETS Disability Services will contact you to confirm the accommodations approved for you and to schedule your test.

## **Changing or Canceling Your Test**

---

For program policies regarding requests to change or cancel tests, see the *GACE Registration Bulletin*. Rescheduling is permitted within the same testing year.

If you are scheduled to take a computer-delivered test at a Prometric center, you may change or cancel your test by calling Prometric at 1-800-967-1139. For all other GACE testing questions, contact ETS Disability Services. See page 3 for contact information.

## **GACE Test Preparation**

---

For test preparation information, go to the GACE website at [www.gace.ets.org](http://www.gace.ets.org) and follow the "Test Preparation Resources" link.

If you need preparation materials in an alternate format, please contact ETS Disability Services. See page 3 for contact information.

Test takers are advised to consult ETS's "Tips for Test Takers with Disabilities," which is available online at [www.ets.org/disabilities/tips](http://www.ets.org/disabilities/tips).

## **Score Reporting**

---

Test takers who are blind can contact ETS Disability Services by phone for their test scores. See page 3 for contact information.

## Glossary

---

**ADHD:** Attention-deficit hyperactivity disorder. A persistent pattern of inattention and/or hyperactivity that is more frequent and severe than is typically observed in individuals with comparable levels of development.

**Alternate format:** Test format other than the one in which the test is usually delivered; examples include large print, braille, and audio recording.

**Braille slate and stylus:** A device that enables a braille user to manually emboss braille dots onto paper. Only available for applicants who are blind or have low vision.

**Certification of Eligibility: Accommodations History:** A verification statement signed by an authorized professional who verifies the applicant's accommodations history and certifies that there is documentation on file that meets the ETS Documentation Criteria.

**Ergonomic keyboard:** A computer keyboard designed to minimize muscle strain and related problems.

**Extra breaks:** Breaks other than regularly scheduled breaks that are not included in the testing time. Extra breaks can be taken as needed for snacks, beverages, medication, restroom trips, etc.

**Extended testing time:** Extra time to take the test. The amount of extended testing time is correlated to the test taker's disability or functional limitations. Fifty percent extended testing time is time and one-half; 100 percent extended time is double time (documentation is required for 100 percent extended time or more).

**Human Reader:** A person who reads aloud to the test taker. Typically for an individual with learning disabilities or traumatic brain injury or a test taker who is blind or has low vision. A human reader reads the test directions, questions and answer choices to the test taker. A human reader does not interpret, reword or explain the test, though the reader may repeat test content at the test taker's request.

**IntelliKeys keyboard:** A programmable alternative keyboard that enables users with physical and/or visual disabilities to easily type, enter numbers, navigate on-screen displays, and execute menu commands.

**Keyboard with touchpad:** A standard computer keyboard with a built-in touchpad. The touchpad allows the user the option of either using no external mouse or using a secondary pointing device.

**Large-print answer sheet:** An answer sheet for multiple-choice questions with large blocks that the test taker can mark with X's, rather than smaller boxes or ovals that need to be filled in.

**Large-print figure supplement:** A set of enlarged figures, primarily for test takers with low vision who are taking the test in an audio format.

**LD:** Learning disability.

**Minor accommodations:** Accommodations that do not affect the test delivery or response, such as a footstool, earplugs, a special chair/desk, or a cushion.

*(continued on next page)*

**Oral interpreter:** A trained interpreter who silently mouths speech for a deaf or hard-of-hearing test taker who is able to speech read. An oral interpreter may also use facial expressions and gestures and may paraphrase the language used by the speaker. This accommodation is provided for spoken directions and check-in procedures only and is available only for applicants who are deaf or hard-of-hearing.

**Paper-delivered test:** Any test that is ordinarily given on paper rather than on computer, or offered as an accommodation for a computer-delivered test.

**Perkins braille:** A braille typewriter with a key corresponding to each of the six dots of the braille code. It is permitted for note taking only. Available only for applicants who are blind or have low vision.

**Screen magnification:** Enlarging the size of everything displayed on the computer screen.

**Scribe:** A person who writes down, or otherwise records, the test taker's responses. The scribe does not correct spelling, create answers for the test taker, or help the test taker identify correct answers. The scribe simply writes the test taker's answers down on the test or answer sheet or types them into a computer.

**Selectable background and foreground colors:** A feature on computer-delivered tests that permits the test taker to select the colors of the background and the text to improve contrast and minimize eyestrain.

**Sign language interpreter:** An individual who communicates with the test taker using sign language. Available only for applicants who are deaf or hard-of-hearing, for spoken directions and check-in procedures only.

**Spellchecker:** An ETS-approved spellchecker is a hand-held device that is sent prior to the test date to test takers who qualify for this accommodation. It is NOT the standard software spellchecker included in programs such as Microsoft® Word.

**Tactile figure supplement:** A raised-line figure supplement to enable a test taker who is blind or has low vision to feel figures. The figure supplement is labeled in braille.

**Trackball:** A pointing device consisting of a ball held by a socket containing sensors to detect a rotation of the ball. The user rolls the ball with the thumb, fingers, or palm of the hand to move a pointer or cursor on the screen. Used as an alternative to a mouse.

**Traumatic brain injury (TBI):** Typically results from a violent blow or jolt to the head. The term TBI is often used synonymously with the term "head injury."



# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

### **Acknowledgment**

---

This Acknowledgment, including the Privacy Notice at [www.ets.org/legal/privacy](http://www.ets.org/legal/privacy), contains the terms and conditions between you and Educational Testing Service (“ETS,” “we,” “us,” “our”) regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as “Testing Services”). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

### **Personal Information**

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store, use, disclose (including to public authorities and score recipients), extract and transmit (collectively “use”) the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as “Personal Information”. Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

### **How We Use Your Personal Information**

We use your Personal Information to:

complete any registration, purchases or other transactions you request improve our products and services, and identify, develop and offer new or expanded products and services improve and personalize your experience on the Website, and customize the content and/or format of the pages you visit subject to your opting-in (see below), notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties ask you to participate in brief surveys or provide other information generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our Website.

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.



# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

### **International Transfer**

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the United States to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

### **Third Party Disclosure**

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

### **Your Rights**

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading, or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: [etsinfo@ets.org](mailto:etsinfo@ets.org)

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

### **Further Communications**

We ask you to provide your contact details, including email address, telephone and mobile phone details. We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

### **Governing Law**

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

### **Additional Information**

This paragraph containing additional information is of general application, but it is also provided for purposes of the EU General Data Protection Regulation when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services):

ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: [etsinfo@ets.org](mailto:etsinfo@ets.org)

Purpose and Legal Basis for Processing: To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

Legitimate Interests relied upon: ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

International Transfers: Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

Personal Information Retention: Personal Information is generally held for 5 years from the date of its submission. This period may be extended by ETS if the score for the Testing Service you require remains valid for a longer period (which information is usually contained in your testing result information), if the Testing Service you have requested is being reviewed or if our legitimate interest in retaining your Personal Information remains in place. It also may be shorter if we no longer require your Personal Information (for example, if you have expressed interest in a test but have not taken one). You may contact us at [etsinfo@ets.org](mailto:etsinfo@ets.org) if you require further information.

# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

**Data Subject Rights:** In addition to the rights described above, you may have data portability rights. For security reasons, most testing organizations will require that Personal Information be obtained directly from you and this may limit the usefulness of your data portability rights.

**Supervisory Body:** Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services.

*For Hong Kong residents only:* Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

*For Australian residents only:* Please be informed that if you agree to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

*For Canadian residents only:* This is the notification that ETS is required to provide to Canadian residents. Please see above regarding International Data Transfers. Where we transfer Personal Data to third parties we contractually require third parties to have a written procedures in place that comply with the requirements of the applicable privacy laws in Canada.

*For Singapore residents only:* In connection with the transfer of your Personal Information outside of Singapore, ETS believes that the laws of the recipient country of your Personal Information will provide a standard of protection comparable to the applicable laws of Singapore.

### **Contact Information**

If you have questions or requests concerning our use of your Personal Information, you should contact: [etsinfo@ets.org](mailto:etsinfo@ets.org).

By indicating "I Agree," you expressly and voluntarily acknowledge and agree to the terms and conditions above, particularly those relating to our use of biometric data and the international transfer of Personal Information.

# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

Applicant's Name: \_\_\_\_\_  
(please print)      First Name      M.I.      Last Name

### **Verification Statement to Be Signed by Applicant**

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations. I also understand that processing can take 4 to 6 weeks from the time the application is complete. If additional information is requested, the 4 to 6 week time frame begins when the requested information is received. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting Part III — Certification of Eligibility: Accommodations History, I acknowledge that my request for accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed it. I also understand that ETS does not waive its right to ask the person who completes Part III on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date.

I authorize any person completing Part III on my behalf to release this information to ETS upon ETS's request. I also understand that the documentation in support of my request for accommodations supersedes any information contained in the Certification of Eligibility: Accommodations History. For quality assurance, the Certification of Eligibility: Accommodations History may be subject to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate, or used to obtain accommodations that are not necessary.

I understand that ETS has contracted with an external panel of expert consultants with whom it may consult to augment its in-house expertise. By submitting my request for accommodations, I authorize and provide my consent to ETS to share my personal information as needed concerning this request.

\_\_\_\_\_  
Signature of Applicant      Date

**Keep a copy of this completed form for your records.**

# GACE TESTING ACCOMMODATIONS REQUEST FORM

## Part II — Accommodations Requested

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

If you have received ETS approval within the last two years for accommodations identical to those you are requesting now, and your documentation is still current, please indicate the following:

Program: ☐ GACE® ☐ GRE® ☐ HiSET® ☐ ParaPro  
☐ Praxis® ☐ School Leadership Series  
☐ Texas Educator Certification ☐ TOEFL®

Previous test(s) taken \_\_\_\_\_ Previous test date(s) (month/year) \_\_\_\_\_  
\_\_\_\_\_

### REQUESTED ACCOMMODATIONS (Check all that apply)

#### Accommodations for Computer-delivered Tests

- ☐ Ergonomic keyboard
- ☐ IntelliKeys keyboard
- ☐ Keyboard with touchpad
- ☐ Screen magnification
- ☐ Selectable background and foreground colors
- ☐ Trackball

#### Alternate Test Formats

- ☐ Braille (Only applicants who are blind or have low vision)
- ☐ Large-print test book (Test taker must also request paper-delivered test as an accommodation on page 22 — Under Other Accommodations)
- ☐ Large-print answer sheet
- ☐ Audio recording

(continued on next page)

# GACE TESTING ACCOMMODATIONS REQUEST FORM

## Part II — Accommodations Requested (*continued*)

Applicant's Name: \_\_\_\_\_  
(please print)      First Name      M.I.      Last Name

**Assistance** (**NOTE:** If you are requesting a human reader and/or a scribe, and your disability is NOT blindness or legal blindness, you must submit documentation for review.)

- ☐ Human reader
- ☐ Scribe
- ☐ Braille slate and stylus (for note taking only; and only applicants who are blind or have low vision)
- ☐ Perkins braille (for note taking only, and for applicants who are blind or have low vision)
- ☐ Sign language interpreter (for check-in assistance and spoken directions only) (Only applicants who are deaf or hard-of-hearing)
- ☐ Oral interpreter (for check-in assistance and spoken directions only) (Only applicants who are deaf or hard-of-hearing)

**Extended Testing Time** (**NOTE:** All tests are timed; if you are requesting more than 50 percent extended time, documentation must be submitted.)

- ☐ 50 percent (time and one-half)      ☐ 100 percent (double time)

**Extra Breaks** — breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

- ☐ Yes

**Other Accommodations.** If you are requesting accommodations other than those listed above (e.g., separate testing room or use of a calculator), please describe them below and submit appropriate documentation. **NOTE:** If you are requesting a large-print paper test as an accommodation on a test that is ordinarily computer-delivered, please indicate that here.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# TESTING ACCOMMODATIONS REQUEST FORM

## Part III – Certification of Eligibility: Accommodations History

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

The Certification of Eligibility (COE): Accommodations History serves two distinct purposes:

- to provide verification of an individual's use of accommodations in either college or in the workplace
- as a shortcut for approval of certain specific accommodations for most disabilities.

A completed COE: Accommodations History will only be considered in place of disability documentation from qualified applicants with

1. LD, ADHD, TBI, ASD, psychiatric disabilities, and or physical disabilities, who are requesting 50% extended time and/or additional breaks only; OR
2. Visual impairments or hearing losses who are requesting those accommodations listed on page 7 for these conditions.

For any other accommodations (double time, separate room, reader, etc.) applicants must submit disability documentation directly to ETS for review.

This form must be completed and signed by an authorized professional representing one of the following:

- Office of Disability Services at test taker's college or university
- Human Resources office at test taker's place of employment
- Department of Vocational Rehabilitation (DVR) office in test taker's state of residence

**Certification of Eligibility: Accommodations History forms completed and signed by members of the applicant's family, or by the licensed and/or certified individual who diagnosed the disability, will not be considered.**

**After reading this page, please complete pages 23 to 27**

(continued on next page)

# TESTING ACCOMMODATIONS REQUEST FORM

## Part III – Certification of Eligibility: Accommodations History (continued)

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

### DIRECTIONS FOR COMPLETING THE COE: Accommodations History

The COE can be used in lieu of documentation or as verification of the accommodations used in a postsecondary setting. The authorized professional should initial each of the documentation criteria listed below. Please clearly write your initials for each item.

Does the candidate's documentation...

Yes No N/A

- |   |       |       |       |  |
|---|-------|-------|-------|--|
| 1 | _____ | _____ | _____ | Meet the currency criteria set forth at <a href="http://www.ets.org/disabilities">www.ets.org/disabilities</a> (e.g., LD, ADHD, and/or ASD within 5 years)?  |
| 2 | _____ | _____ | _____ | Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested?  |
| 3 | _____ | _____ | _____ | Describe the functional limitations resulting from the diagnosed disability?   |
| 4 | _____ | _____ | _____ | List the test instruments used in the evaluation report and relevant subtest scores used to document the stated disability? (All test instruments should have adult norms.)                              |
| 5 | _____ | _____ | _____ | Describe the specific accommodation(s) requested and adequately support each requested accommodation?  |
| 6 | _____ | _____ | _____ | Present itself on official letterhead, printed or typed, signed and dated by an evaluator qualified to make the diagnosis (include information about license, certification, and area of specialization) |

(continued on next page)



# TESTING ACCOMMODATIONS REQUEST FORM

## Part III – Certification of Eligibility: Accommodations History (continued)

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

Provide the following information regarding the disability documentation on file:

- A. Name and credentials of the professional who completed the most recent evaluation. (e.g., Susan Smith, MD, Psychiatrist)

\_\_\_\_\_  
Name Degree Area of Expertise

- B. Date of professionals most recent evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

- C. Applicants diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- D. Please indicate the accommodations the applicant has received at your institution.

Extended testing time (NOTE: all tests are timed; if applicant is requesting more than 50% extended time documentation must be submitted).

☐ 25% ☐ 50% ☐ 100% ☐ Other \_\_\_\_\_

Please list all other approved testing accommodations: If the student used a "reduced distraction testing environment," please describe that environment.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

- E. During what period of time has the applicant used the above accommodations?

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

(continued on next page)

**TESTING ACCOMMODATIONS REQUEST FORM**  
**Part III – Certification of Eligibility: Accommodations History (continued)**

Applicant's Name: \_\_\_\_\_  
 (please print).      First Name                                  M.I.                                  Last Name

F.                      Has the applicant used these accommodations for at least one semester or four months?

☐ yes ☐ no

G. Where has the applicant used the accommodations?

☐ College/University☐ Place of Employment

☐ Other (indicate): \_\_\_\_\_

### Authorized Professional's Verification Statement

To be signed by an authorized person in the Office of Disability Services, a Human Resources counselor at place of employment or a Vocational Rehabilitation counselor. **NOTE:** The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated in Part III are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the Educational Testing Service (ETS) Documentation Criteria (including ETS policy statement and guidelines about LD, ADHD and psychiatric disabilities, if applicable), and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office. For quality assurance, Part III – Certification of Eligibility Accommodations History may be subject to an audit resulting in a review of the actual disability documentation on file.

In the event that ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand that if ETS determines at any time that the applicant's documentation does not meet ETS's Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

(continued on next page)

## TESTING ACCOMMODATIONS REQUEST FORM

### Part III – Certification of Eligibility: Accommodations History (continued)

Applicant's Name: \_\_\_\_\_  
(please print)      First Name      M.I.      Last Name

## Authorized Professional's Verification Statement (continued)

Signature of Authorized Professional \_\_\_\_\_ Date \_\_\_\_\_

---

Print Name \_\_\_\_\_

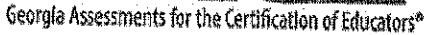
Title \_\_\_\_\_

Name of Institution/Agency/Place of Employment

Telephone \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Attach Business Card Here



## GACE® Registration Form for Testing with Accommodations

If you are requesting testing accommodations for a GACE® assessment by mail or email, you must complete and submit this registration form in addition to the *Testing Accommodations Request Form* (pages 15–27). **Note:** You cannot schedule a test until you receive authorization to do so.

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (\*).

**\* First Name**

(as it appears in your MyPSC account)

**Middle Name or Initial**

(as it appears in your MyPSC account)

[illegible][illegible]

**\* Last Name** (as it appears in your MyPSC account)

[illegible]

\* Address Line 1

[illegible]

Address Line 2

[illegible]

**\* City**

[illegible]

\* State or Province

--	--

\* ZIP/Postal Code

The diagram shows a horizontal sequence of five rectangular boxes. The first box is on the left, followed by four more boxes to its right. Arrows point from the right side of each box to the left side of the next box in the sequence. Above the second box from the left, the word "Whitman" is written.

\* Date of Birth

Month

--	--

Day

--	--	--	--

Year

**\* Gender**



Male

7

☐ Female

\* Primary Phone Number

(include area code, country code, or city code):

--	--	--	--	--	--	--	--	--

Secondary Phone Number

(include area code, country code, or city code):

[illegible]

\* **Email Address** (must be the same email address used when obtaining your GA CERT ID number)

[illegible]

**\* GA CERT ID Number**

[illegible]

Candidate ID (if known)

[illegible]

(continued on next page)

Applicant's Name: \_\_\_\_\_  
(please print)      First Name      M.I.      Last Name

**\* TEST DATE** (See the GACE *Registration Bulletin* for test dates and registration deadlines. Enter only one test date. A separate registration form is required for each date.)

Month      Day      Year

**\* TEST** (See the *GACE Registration Bulletin* for a list of tests offered and test codes. Enter the name and the test code for the test you are registering to take. On any given test date, you may take up to two different tests.)

[illegible]

**\* TEST CENTER** (Select your first- and second-choice test centers. Enter the five-digit test center code and print the name and location of each center in the appropriate spaces. Test centers and test center codes are available on the ETS GACE website at [www.gace.ets.org](http://www.gace.ets.org).)

**NOTE:** If your first- and second-choice test centers are full, you will be assigned to the closest available test center.

State: \_\_\_\_\_

## BACKGROUND INFORMATION

The following questions are optional and only used for the purpose of evaluating test questions. They are not maintained as part of your educator certification records.

1. What is your best language of communication?

☐ English☐ Another language

2. What language(s) did you first learn as a child?

☐ English only☐ English and another language☐ Another language only

(continued on next page)

Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

**\* TEST FEES** (GACE assessments administered at international test sites are subject to a \$50 test site fee in addition to any test fees paid.)

Program Admission (combined test): **\$128\***

Program Admission (any two tests): **\$103\***

Program Admission (single test): **\$78\***

Certificate Upgrade: **\$193\***

Content (combined test): **\$193\***

Content (single test): **\$123\***

Educational Leadership: **\$193\***

Georgia Educator Ethics: **\$30**

Georgia Ethics for Educational Leadership: **\$40**

Paraprofessional: **\$38**

Teacher Leadership: **\$350**

\* A \$25 registration fee and a \$28 test center fee are included in this test fee.

#### ACCEPTABLE PAYMENT METHODS

Credit/debit card (American Express®, Discover®, JCB®, MasterCard®, and VISA®)  
Any debit/credit card branded with one of these five accepted credit card logos can be processed.

**\* PAYMENT** (See payment policies on page 31.)

AMOUNT DUE \$ \_\_\_\_\_ Payment type: (check one)

☐ Credit Card

☐ Debit Card

Indicate which credit/debit card is being used and enter your card number and expiration date below.

**IMPORTANT NOTE:** If you are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

☐ American Express®

☐ Discover®

☐ JCB®

☐ MasterCard®

☐ VISA®

Credit/Debit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date

		/		
Month			Year	

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

(continued on next page)

Applicant's Name: \_\_\_\_\_  
(please print)      First Name      M.I.      Last Name

### PAYMENT POLICIES

- All payments must be for the full amount.
- Fees are subject to change without notice. Fees quoted are in U.S. dollars and are exclusive of any Sales and Use, Value-Added, or similar taxes.
- All outstanding balances with ETS must be paid in full prior to registering for any ETS-administered tests.
- Services may be withheld for nonpayment of fees.
- Service fees are nonrefundable.
- Cash payments cannot be accepted

☐ **CONSENT** I agree to the terms and conditions outlined in the ACKNOWLEDGMENT on pages 16–19 of this supplement.

**Please write, DO NOT PRINT, the following statement.**

I certify that I am eligible to take the test(s) for which I am registering and hereby agree to the conditions set forth in the 2018–19 GACE *Registration Bulletin* and on the ETS GACE website at **[www.gace.ets.org](http://www.gace.ets.org)**, specifically those concerning the Rules of Test Participation, the test administration, payment of fees, reporting of scores, and the confidentiality of test questions. I certify that I am the person whose name and address appear on this form. I understand and agree that ETS and the GaPSC may collect my photograph and other types of personal information regarding my identification document(s) and may use my personal information for the purposes of the GACE assessment.

---

---

---

---

---

---

---

