

Instruction Guide for Candidates with Disabilities

Customer Service

ETS Disability Services

Monday-Friday

8:30 a.m.–5 p.m. Eastern Time

Phone: 1-866-387-8602 (toll-free in the United States)

1-609-771-7780 (all other locations)

TTY: 1-609-771-7714

Fax: 1-609-771-7165

E-mail: stassd@ets.org

Mail:

ETS Disability Services

PO Box 6054

Princeton, NJ 08541

Overnight Mail:

ETS Disability Services

Distribution and Receiving Center

225 Phillips Boulevard

Ewing, NJ 08628-7435

General Information

ETS is committed to serving test takers with disabilities by providing services and reasonable accommodations that are appropriate given the purpose of the test. Nonstandard testing accommodations are available for test takers who meet ETS requirements.

All requests for accommodations must be approved in accordance with ETS policies and procedures and must be made on the *Request for Nonstandard Testing Accommodations* form (pages 5-8). Applicants are encouraged to send questions related to accommodations decisions to ETS Disability Services by e-mail or mail.

Because ETS needs to review documentation in order to provide appropriate accommodations, all test takers requesting any accommodations must register through ETS Disability Services. Documentation review takes approximately six weeks after receipt of all necessary documentation at ETS.

Braille, audio, reader or large-print formats may require up to eight weeks for production after accommodation approval. We urge you to send in your request for testing accommodations well in advance. Please use the ETS Vision Documentation Report Form on pages 9-10.

How to Register

Step 1: Carefully examine the [assessment calendar](#) to determine the registration window that best suits your schedule.

Step 2: Online and telephone registration is available for test takers requesting testing accommodations. To register and pay online, please access www.waproteach.org. To register by phone, please call 1-888-9PROTCH (1-888-977-6824)

Step 3: Please indicate when registering that you plan to request a testing accommodation.

Step 4: Be sure to send your application for testing accommodations early. No testing accommodations will be provided without an application that has been approved by ETS.

How to Request Testing Accommodations

What to Include in Your Request

1. A completed Applicant's Request for Nonstandard Testing Accommodations form (pages 5-8)
 - You must complete Part I—Applicant Information and sign the Verification Statement.
 - You must complete Part II—Testing Accommodations Requested.

Deadline for Requests

You must submit your request for testing accommodations to ETS by the last date of your selected registration window. You can verify those dates by reviewing the [assessment calendar](#).

When selecting your submission deadline date, remember to allocate at least six weeks from the date of your *Washington ProTeach Portfolio* registration for ETS review of your application. Therefore, it is important to submit your request for testing accommodations as early as possible to give yourself the best chance of submitting your portfolio on your first-choice submission date.

Submitting Your Request to ETS

Send all completed requests for testing accommodations to:

Educational Testing Service
Disability Services
P.O. Box 6054
Princeton, NJ 08541

If Your Request Is Approved

Once your request for testing accommodations is approved, ETS will send you an authorization letter confirming the testing accommodations that have been approved for you. Allow up to six weeks from the time your completed request is received at ETS to receive your letter of authorization.

Scoring and Reporting

Score reports contain no indication of whether a test was taken with accommodations. Score reports do not indicate the nature of the disability or the accommodation given.

Request for Nonstandard Testing Accommodation Instructions

Send all required items to ETS in ONE mailing.

What to Send	Who Should Send It
1. Fee	Registrants will pay via credit card or e-check when registering online at www.waproteach.org .
2. Part I—Applicant Information (see pages 5-6)	ALL applicants
3. Part II—Testing Accommodations Requested (see page 8)	<p>ALL applicants are required to send in disability documentation for review.</p> <ol style="list-style-type: none"> 1. The documentation needs to meet ETS Documentation Criteria (see: www.ets.org/disability). 2. The documentation must support each of the testing accommodations you are requesting. 3. You use or have used accommodations at your school or place of employment within the last three years.
4. Documentation Criteria	<p>Documentation for the applicant must:</p> <ul style="list-style-type: none"> • be typed or printed in English on official letterhead and signed by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization) • clearly state the diagnosed disability or disabilities • describe the functional limitations resulting from the disability or disabilities and how they are relevant to the testing situation • include complete educational, developmental and medical history, including history of accommodations use, relevant to the disability for which testing accommodations are being requested • include a list of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability. (This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature) • describe the specific accommodations requested • adequately support each of the requested testing accommodation(s) • be current, depending on the disability. For specific currency requirements for different types of disabilities, please go to www.ets.org/disability.

Submit your documentation and history of testing accommodations with Parts I and II. ETS will review your documentation and determine whether it supports the request for accommodations. If you have a visual disability and are submitting documentation for review, use the ETS Vision Documentation Review Report on pages 9-10 of the Supplement.

Applicant's Name

(please print) Last First M.I.

Part I – Applicant Information

Instructions: All applicants must complete this section and sign the Applicant's Verification Statement.

Applicant's Name (please print—leave one blank box between names)

Last										First										M.I.									

Mailing Address

Gender		Date of Birth				TEA ID Number							
Male		Female		Month		Day		Year					

Day Phone Number (Voice/TTY)								Evening Phone Number (Voice/TTY)							

Fax Number								E-mail Address															

I would prefer that ETS communicate with E-mail Mail Phone Fax

Submission deadline date I am applying for:

Nature of your disability (check all that apply):

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Deaf
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Hard of hearing
<input type="checkbox"/> Blind	<input type="checkbox"/> Physical disability (describe) _____
<input type="checkbox"/> Legally blind or low vision	<input type="checkbox"/> Other (describe) _____

Applicant's Name

(please print)

Last

First

M.I.

Part I – Applicant Information (continued)

When was your disability first diagnosed? ____ / ____ Date of professional's most recent evaluation:
____ / ____ (Month/Year)

Have you received accommodations within the past five years in college and/or employment?

Yes

No

If yes, please list the accommodations received and provide a rationale for your accommodations on the *ProTeach Portfolio*.

Applicant's Name

(please print)

Last

First

M.I.

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.

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 acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

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.

Signature of Applicant _____

Date _____

Keep a copy of this completed form for your records.

Applicant's Name

(please print)

Last

First

M.I.

Part II – Testing Accommodations Requested

Requested Accommodations (check all that apply)

Accommodations:

- Paper submission instead of a computer-based format
- Large-print

Other Accommodations requested (please specify).

Please provide the name and credentials of professional who administered the most recent evaluation.

Please state the diagnosed disability or disabilities, as stated in the documentation, for which accommodations are being requested:

During what period of time has the applicant used accommodations?

From: _____ To: _____ (mm/dd/yy)

Where did applicant use the accommodations?

- College/university
- Place of employment
- Other (indicate): _____

All requests for testing accommodations are subject to approval by ETS and must meet ETS's Documentation Criteria. For more detailed information, including ETS's policy statements for documentation of LD, ADHD and physical and psychiatric disabilities, please visit www.ets.org/disability. The ETS Vision Documentation Report form is on pages 9-10 of this Supplement.

Applicant's Name

(please print)

Last

First

M.I.

ETS Vision Documentation Report

The Vision Documentation Report is composed of two parts:

Part I addresses diagnosis, visual acuity, eye health and visual fields and must be completed by a qualified professional (an optometrist or an ophthalmologist) who is familiar with the candidate's disability and can address all relevant sections. The professional should refer to specific tests, clinical observations or other objective data and provide documentation of test results where relevant.

Part II addresses the functional impact of the disability on processing speed, reading and/or test taking. This should be completed by an ophthalmologist or optometrist or by a psychologist or a reading or learning specialist with relevant training and experience.

NOTE: If you are legally blind and will test exclusively with tactile or auditory input (braille, reader, recording), making no use of visual material, your evaluator need only complete Part I, sections A and B (current diagnosis and visual acuity).

To prevent delays in the processing of accommodation requests, it is very important that all information provided be legible.

Part I: Visual and Medical History

A. Current Diagnosis (including a statement as to whether the condition is progressive or stable):

B. Best Corrected Visual Acuities for Distance and Near Vision:

Please complete only those sections below that are relevant to the candidate.

C. Eye Health:

D. Visual Fields: threshold fields, not confrontation (provide measurements and copies of reports)

Applicant's Name

(please print) Last First M.I.

ETS Vision Documentation Report (continued)

- E. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether the client experiences difficulty with distance, near-point or both.

- F. Accommodative Skills: at near point, with and without lenses (provide measurements)

- G. Oculomotor Skills: saccades, pursuits, tracking

Part II: Functionality Impact

Describe how the individual's diagnosis and symptoms may impact his or her ability to submit the *ProTeach Portfolio*. Please include a strong rationale for each of the requested accommodations. Recommendations cannot be supported solely by a history of prior accommodations.

It may be appropriate to include:

- standardized measures of reading rate and processing speed
- clinical observations
- the candidate's history and current use of support services
- specific information concerning the individual's functioning in either a paper-based or a computer-based testing situation. (**NOTE:** Not all formats are available for all tests.)

I certify that all of the information on this form is true and correct to the best of my knowledge.

Signature _____

Print Name _____

License/Certification Number _____ Date _____