



Alternative Testing Arrangements Request Form

IMPORTANT INFORMATION
The deadline for submission of requests and all necessary documentation for alternative testing arrangements is the regular registration deadline. Because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated.

Mail to:

**NYSTCE
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9008**

Fax number: 1-413-256-7089

Attn: Alternative Arrangements Coordinator

If you are submitting this form and your documentation by fax, please call 1-413-256-2882 to confirm that all of your faxed materials have been received.

If you mail your request using an express mail service, please use this address:

300 Venture Way
Hadley, MA 01035
Telephone: 1-413-256-2882

1. Name

Last

First

Middle Initial

2. Address

P.O. Box or Street Address

City or Town

State

ZIP Code

3. Social Security Number

4. Date of Birth

Month Day Year

5. Telephone Numbers Daytime

Area Code

Evening

Area Code

6. Test date for which you are registering (check one):

- August 29, 2009
- October 17, 2009
- December 12, 2009
- February 20, 2010
- April 10, 2010
- June 12, 2010
- July 17, 2010

7. Test area (first choice only) for which you are registering (see "Test Sites"):

Code Area

8. Test(s) for which you are registering (see "Test Selection"):

Test Code Test

Test Code Test

- 9.** Check here if you are requesting a Sunday administration because you are unable to take the test at the regularly scheduled Saturday administration due to your religious practices. If this is your first request, you must enclose a signed letter from a member of the clergy, written on that person's professional letterhead, stating that your religious practices prohibit Saturday testing. Refer to "Registering for Alternative Testing Arrangements" to be sure that the test area that you are requesting accommodates an alternative test date. (Proceed to section 14 of this form if an alternative test date is your only request.)

10. Identify the disability for which you are requesting alternative testing arrangements.

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

12. **Documentation** (check one of the following):

- I am requesting one of the alternative testing arrangements listed below because of a disability. Medical documentation is not required for the following accommodations:
 - Wheelchair-accessible facilities
 - Frequent breaks (e.g., for those with hypoglycemia or diabetes)
 - Use of a magnifying glass, color overlays, or a straightedge (e.g., for those with a visual impairment)
 - Use of a pen for a written assignment (e.g., for those with a motor impairment)
 - Written copy of the oral directions (e.g., for those with a hearing impairment)
- I am requesting alternative testing arrangements other than those listed above because of a physical disability (e.g., visual impairment). Therefore, I have enclosed documentation as indicated in "Registering for Alternative Testing Arrangements."
- I am requesting alternative testing arrangements because of a disability other than physical (e.g., learning disability). Therefore, I have enclosed documentation as indicated in "Registering for Alternative Testing Arrangements."

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

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

_____)

14. I have read the 2009–2010 NYSTCE® Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation (or, if I am registering for the ATS–P, the Rules for ATS–P Participation), and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form, any required documentation as noted in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the NYSED in order to process my request. I understand that the deadline for submission of these materials is the regular registration deadline and that, because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated. 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