



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

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

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11. **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:
  - Allowance of a medical device in the testing room
  - Use of a trackball mouse
  - Adjustable table
- I am requesting alternative testing arrangements other than those listed above. Therefore, I have enclosed documentation, if required, as indicated in "Registering for Alternative Testing Arrangements."

12. **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:

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13. I have read the 2009–2010 NYSTCE® School Leadership Assessments Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test 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 I should submit my request and all necessary documentation as early as possible in advance of my desired test date. Because of space, staff, and time constraints, I may not be able to schedule a test appointment with accommodations in my preferred date range. 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

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