



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

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

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

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

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:
  - Allowance of a medical device (e.g., inhaler) in the testing room
  - 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 2011–2012 NYSTCE® Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation for Paper-Based Testing (or, if I am registering for the ATS–P, the 2011–2012 NYSTCE ATS–P Registration Bulletin and 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