HiSET TESTING ACCOMMODATIONS REQUEST FORM
Part I — Applicant Information

Instructions: Complete this entire form. Be sure to sign the Applicant’s Verification Statement on the next page.

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

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
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Street Address

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City

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State

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Zip Code

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Gender

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Date of Birth

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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Social Security Number

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<tr>
<th>SSN –</th>
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Day Phone Number

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<thead>
<tr>
<th>Phone Number</th>
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Evening Phone Number

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Fax Number

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<tr>
<th>Fax Number</th>
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Email Address

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<tr>
<th>Email Address</th>
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</table>

I would prefer that ETS communicate with me via:  

- [ ] Email  
- [ ] Mail

Test(s) I am applying for:

- [ ] All 5 tests
- [ ] Reading
- [ ] Language Arts
- [ ] Math
- [ ] Science
- [ ] Social Studies

I would like to test in (check one):

- [ ] English
- [ ] Spanish

Nature of your disability (check all that apply):

- [ ] ADHD
- [ ] Deaf
- [ ] ASD

- [ ] Learning Disability
- [ ] Hard of Hearing
- [ ] TBI

- [ ] Blindness
- [ ] Psychiatric/Psychological (describe):

  ________________________________

- [ ] Low Vision
- [ ] Intellectual Disability (formerly known as cognitive impairment and MR)

- [ ] Physical disability (describe):

  ________________________________

- [ ] Other (e.g., health-related):

  ________________________________

When was your disability first diagnosed?  

Month / Year

Date of professional’s most recent evaluation:  

Month / Year

Did you receive accommodations while in high school?  

- [ ] Yes  
- [ ] If yes, list below  
- [ ] No

How do you compensate for your disability? (e.g., technology, medication).

______________________________

(continued on next page)
HiSET TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information (continued)

Applicant’s Name: ________________________________________________
(please print) ________________________________
Last First M.I.

Verification Statement to Be Signed by Applicant

I confirm that the information on this application is true. I agree to provide ETS with any additional information to evaluate my request for accommodations. I also give permission to my evaluator to release to ETS a copy of any information required to determine the need for the accommodation(s) I have requested. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information necessary to process this application must be available to ETS at least 45 days in advance of the test date to provide time to evaluate and process my request for accommodations. I agree that ETS has the right to make the final decision as to whether any requested accommodation is needed and appropriate.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will I 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 also understand that ETS has the right to withhold or cancel my scores if it is later determined that, in ETS’s judgment, any information on this application form or the supporting documentation is questionable, inaccurate or used to obtain accommodations that are not necessary.

__________________________ ________________________________
Signature of Applicant Date

If you are under 18 years of age, signature of parent or guardian is required.

__________________________
Parent or Guardian’s Name (please print)

__________________________ Date
Signature of Parent or Guardian
HiSET TESTING ACCOMMODATIONS REQUEST FORM
Part II — Testing Accommodations Requested

Applicant’s Name: _____________________________________________________

(please print) Last ____________ First ____________ M.I. ____________

REQUESTED ACCOMMODATIONS (Check all that apply)

Accommodations for Computer-delivered Tests

☐ Screen magnification
☐ Selectable background and foreground colors

Accommodations for Paper-delivered Tests

☐ Large print test book (larger than 14 point)
☐ Large print answer sheet (larger than 14 point)

Alternate Test Formats

☐ Braille
☐ Recorded audio with tactile figure supplement*
☐ Recorded audio with large-print figure supplement*
☐ Recorded audio

Assistance

☐ Scribe
☐ Braille slate and stylus (for note taking only)*
☐ Perkins brailer (for note taking only)*
☐ Sign language interpreter (for spoken directions only)**
☐ Oral interpreter (for spoken directions only)**
☐ Printed copy of spoken directions (for paper-based tests only)

Extended Testing Time (NOTE: All tests are timed.)

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

Extra Breaks

☐ Yes

Other Accommodations Requested (describe). (For example, separate room, food or drink for medical purposes)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Only applicants who are blind or have low vision
** Only applicants who are deaf or hard-of-hearing

If you received approval for the same accommodations from GED Testing Service within the last year please submit a copy of that approval letter with this request.
HiSET TESTING ACCOMMODATIONS REQUEST FORM
Part III — Documentation Requirements

Instructions for Part III: The test taker and/or their advocate should complete Part III. Please submit the primary documentation and any additional documents you wish to include for each of your diagnosed disabilities. Check each document that is being submitted.

To view full documentation requirements visit www.ets.org/disabilities.

<table>
<thead>
<tr>
<th>ADD/ADHD:</th>
<th>Additional Documentation</th>
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<tbody>
<tr>
<td>Primary Documentation – Current within 3 years</td>
<td>□ Most recent IEP</td>
</tr>
<tr>
<td>Submit one</td>
<td>□ Most recent 504 plan</td>
</tr>
<tr>
<td>□ Psychological report current</td>
<td>□ Psychological, psycho-educational or neuropsychological report (over 3 years)</td>
</tr>
<tr>
<td>□ Psycho-educational report</td>
<td>□ Report from psychiatrist</td>
</tr>
<tr>
<td>□ Neuropsychological report</td>
<td>□ Letter from rehab counselor or case manager</td>
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<tr>
<td></td>
<td>□ Your personal statement</td>
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<tr>
<td></td>
<td>□ Other__________________________</td>
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<thead>
<tr>
<th>Autism Spectrum Disorder:</th>
<th>Additional Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Documentation – Current within 5 years</td>
<td>□ Most recent IEP</td>
</tr>
<tr>
<td>Submit one</td>
<td>□ Most recent 504 plan</td>
</tr>
<tr>
<td>□ Psychological report</td>
<td>□ Psychological, psycho-educational or neuropsychological report (over 5 years)</td>
</tr>
<tr>
<td>□ Psycho-educational report</td>
<td>□ Report from other professional (psychiatrist, speech/language therapist, occupational therapist, developmental pediatrician, or neurologist</td>
</tr>
<tr>
<td>□ Neuropsychological report</td>
<td>□ Letter from rehab counselor or case manager</td>
</tr>
<tr>
<td></td>
<td>□ Your personal statement</td>
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<tr>
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<td>□ Other__________________________</td>
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<tr>
<th>Blind or Low Vision:</th>
<th>Additional Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Documentation – Current within 2 years</td>
<td>□ Most recent IEP</td>
</tr>
<tr>
<td>Submit both</td>
<td>□ Most recent 504 plan</td>
</tr>
<tr>
<td>□ Report from eye-care professional</td>
<td>□ Letter from rehab counselor or case manager</td>
</tr>
<tr>
<td>□ Your personal statement</td>
<td>□ Other__________________________</td>
</tr>
</tbody>
</table>
**HiSET TESTING ACCOMMODATIONS REQUEST FORM**  
Part III — Documentation Requirements (continued)

### Deaf or Hard of Hearing:
**Primary Documentation** — Current within 2 years  
Submit both
- [ ] Audiogram or audiometric report
- [ ] Your personal statement

**Additional Documentation**
- [ ] Most recent IEP
- [ ] Most recent 504 plan
- [ ] Letter from rehab counselor or case manager
- [ ] Other

### Intellectual Disability:
**Primary Documentation** — Current within 5 years  
Submit one
- [ ] Psychological report
- [ ] Psycho-educational report
- [ ] Neuropsychological report

**Additional Documentation**
- [ ] Most recent IEP
- [ ] Most recent 504 plan
- [ ] Psychological, psycho-educational or neuropsychological report (over 5 years)
- [ ] Letter from rehab counselor or case manager
- [ ] Your personal statement
- [ ] Other

### Learning Disability:
**Primary Documentation** — Current within 5 years  
Submit one
- [ ] Psychological report
- [ ] Psycho-educational report
- [ ] Neuropsychological report

**Additional Documentation**
- [ ] Most recent IEP
- [ ] Most recent 504 plan
- [ ] Psychological, psycho-educational or neuropsychological report (over 5 years)
- [ ] Letter from rehab counselor or case manager
- [ ] Your personal statement
- [ ] Other

### Physical Disability or Health-Related Need:
**Primary Documentation** — Current within 6 months  
Submit both
- [ ] Letter from medical doctor
- [ ] Your personal statement

**Additional Documentation**
- [ ] Most recent IEP
- [ ] Most recent 504 plan
- [ ] Letter from rehab counselor or case manager
- [ ] Other
HiSET TESTING ACCOMMODATIONS REQUEST FORM
Part III — Documentation Requirements (continued)

Psychiatric or Psychological Disability:
Primary Documentation – Current within 6 months
Submit one
☐ Psychological report
☐ Report from psychiatrist

Additional Documentation
☐ Most recent IEP
☐ Most recent 504 plan
☐ Letter from rehab counselor or case manager
☐ Your personal statement
☐ Other______________________________

Traumatic Brain Injury:
Primary Documentation – Current within 6 months
Submit one
☐ Neuropsychological report

Additional Documentation
☐ Most recent IEP
☐ Most recent 504 plan
☐ Letter from medical doctor or neurologist
☐ Letter from rehab counselor or case manager
☐ Your personal statement
☐ Other______________________________

Keep a copy of this completed form for your records.