

ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM



Mail to: **PLACE**
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9009

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

300 Venture Way
Hadley, MA 01035

Telephone: (413) 256-2885

Fax number: (413) 256-7075

Attn: Alternative Testing Arrangements Coordinator

If you are submitting this form and your documentation by fax, please call (413) 256-2885 to confirm that all your faxed materials have been received.

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

1. Name

Last

First

Middle
Initial

2. Address

P.O. Box or Street Address

City or Town

State

ZIP Code

3. Social Security Number

2. Customer Number (found in your account at www.place.nesinc.com)

5. Telephone Numbers

Area Code

Daytime

Area Code

Evening

6. Test date for which you are registering:

Date

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

Area

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

Code

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. (Proceed to #13 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 an alternative testing arrangement listed below because of a disability. Medical documentation is not required for the following accommodations:
 - Allowance of a medical device 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. Therefore, I have enclosed documentation, if required, as indicated on the current program website.
- My institution is submitting an Institutional Verification of Documentation on my behalf.

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

- I have not previously been granted alternative testing arrangements for the Program for Licensing Assessments for Colorado Educators® (PLACE®).
- I was granted for a previous administration of the PLACE the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: _____)
- I was granted for a previous administration of the PLACE different alternative testing arrangements from those that I am currently requesting. Please explain and include the test date: _____

14. I have read the current PLACE program website and hereby agree to abide by the conditions set forth on the program website, 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 on the website. If my institution is submitting an Institutional Verification of Documentation on my behalf I authorize that institution to submit a copy of the documentation referenced on that form to Evaluation Systems upon request. I understand that the information I provide, including any supporting documentation, may be shared with the CDE in order to process my request. I understand that the deadline for submission of requests and all necessary documentation for alternative testing arrangements is the standard registration deadline. Because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated. Deadlines are strictly enforced. 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