



**2016–17**

**Updated November 2016**

***Georgia Assessments for the Certification  
of Educators® (GACE®)***

**Bulletin Supplement  
for Test Takers with Disabilities  
or Health-Related Needs**

**NOTE:** This supplement contains procedures and forms for requesting accommodations for the Georgia Assessments for the Certification of Educators® (GACE®) program.

Use this supplement **together** with the 2016–17 GACE *Registration Bulletin* (see page 6).

Visit the ETS website at **[www.ets.org/disabilities](http://www.ets.org/disabilities)**  
for the most up-to-date information.

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## GENERAL INFORMATION

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**NOTE: Test takers requesting accommodations MUST complete a *Testing Accommodations Request Form* (see page 7), the appropriate registration form (see page 7), and have their accommodations approved BEFORE their test can be scheduled.** All forms and documentation must be submitted through ETS Disability Services. Online registration is NOT available, and accommodations cannot be applied to a test that has already been scheduled. See “How to Request Accommodations” on page 4 for specific steps in the application process and “Deadline for Accommodations Requests” on page 10.

ETS is committed to serving test takers with disabilities or health-related needs by providing services and reasonable accommodations that are appropriate given the purpose of the test. If you have a health-related need that requires you to bring equipment, beverages, or snacks into the testing room, or to take extra or extended breaks, you must follow the accommodations request procedures. See “Health-Related Needs and Minor Accommodations” on page 6.

The information provided in this publication and in the 2016–17 GACE *Registration Bulletin* should answer any questions you may have about requesting accommodations and registering for a test. The *Registration Bulletin* is available on the GACE website at [www.gace.ets.org/about/bulletin](http://www.gace.ets.org/about/bulletin).

All questions related to accommodations decisions should be sent to ETS Disability Services. See contact information below.

## CONTACT INFORMATION

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ETS Disability Services  
Monday–Friday 8:30 a.m.–5 p.m. Eastern Time (New York)

**Phone:** 1-866-387-8602 (toll-free in the U.S., U.S. Territories, and Canada)  
1-609-771-7780 (all other locations)

**Mail:** ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054

**Email Inquiries:** [stassd@ets.org](mailto:stassd@ets.org)

**Courier Service:** ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426

## HOW TO REQUEST ACCOMMODATIONS

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If you have received approved accommodations from ETS within the last two years and your documentation is still current, and you are now requesting the same accommodations for any GACE assessment during the 2016–17 testing year, refer to “Using Previously Approved Accommodations” on page 10.

If you are requesting accommodations for the first time or are changing either the test you wish to take or the accommodations for which you have previously been approved, **ETS Disability Services must review and approve your request before your test can be scheduled.** Accommodations cannot be applied to a test that has already been scheduled. To request accommodations, follow the steps below:

**STEP 1: Eligibility.**

You must be approved to test by your program provider or the Georgia Professional Standards Commission (GaPSC) before you can request testing accommodations and register. See “Step 1: Eligibility” on page 5.

**STEP 2: Determine your accommodations.**

Look at the list of commonly requested and approved accommodations under “Step 2: Frequently Requested Accommodations” on page 5 and determine the accommodations you need.

**STEP 3: Test format.**

All GACE assessments are offered in a computer-delivered format, except for the Teacher Leadership assessment and the Assessment of Sign Communication-American Sign Language (ASC-ASL), which are performance-based. If you need an alternate format as an accommodation for a disability, see page 5 for a list of some of the most commonly requested and approved alternate test formats.

**STEP 4: Read the *Registration Bulletin*.**

Review the GACE *Registration Bulletin*. The *Registration Bulletin* is available on the GACE website at [www.gace.ets.org/about/bulletin](http://www.gace.ets.org/about/bulletin). See “Step 4: Registration Bulletin” on page 6.

**STEP 5: Complete the registration form.**

Complete the registration form in this supplement. See “Step 5: Registration Form” on page 7.

**STEP 6: Complete the Testing Accommodations Request Form.**

Complete the *Testing Accommodations Request Form* in this supplement. For instructions, see “Step 6: Testing Accommodations Request Form” on page 7.

**STEP 7: Gather your disability documentation.**

Gather disability documentation as necessary. Sending documentation that is not required will delay the review process. See “Step 7: Disability Documentation” on page 8 and review ETS’s “Guidelines for Disability Documentation in Adolescents and Adults” on the ETS website at [www.ets.org/disabilities/documentation](http://www.ets.org/disabilities/documentation).

**STEP 8: Submit completed forms, documentation, and fees.**

Submit all completed forms, and include any required documentation and the proper test fee for the test you are taking. **Failure to include all forms, documentation, and the appropriate test fee will cause a delay in processing your request.** See “Step 8: How to Submit Your Request to ETS” on page 9.

## STEP 1: ELIGIBILITY

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If you are enrolled in a Georgia state-approved educator preparation program within a college or university, you must be approved to test by your program provider to take a GACE assessment for Georgia certification. If you are not enrolled in a Georgia state-approved educator preparation program, or you are from a state other than Georgia, the GaPSC will automatically provide approval to test when you set up your MyPSC account on the GaPSC website. See the *GACE Registration Bulletin* for information about creating your MyPSC account.

## STEP 2: FREQUENTLY REQUESTED ACCOMMODATIONS

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**NOTE:** The list below includes some of the most commonly requested and approved accommodations. If you would like to request accommodations **other than those listed below**, you must describe them in Part II of the *Testing Accommodations Request Form* on pages 14–15.

### **Extended Testing Time** (all tests are timed)

- 50 percent (time and one-half)
- 100 percent (double time; documentation required)

**Extra Breaks** — breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

### **Accommodations for Computer-delivered Tests only**

- Ergonomic keyboard
- IntelliKeys keyboard
- Keyboard with touchpad
- Screen magnification
- Selectable background and foreground colors
- Trackball

### **Alternate Test Formats**

- Braille\*
- Large-print test book
- Large-print answer sheet
- Audiocassette or CD recording

### **Assistance**

- Reader
- Scribe

### *Assistance for Spoken Directions Only*

- Oral interpreter\*\*
- Sign language interpreter \*\*

### *Assistance for Note Taking*

- Braille slate and stylus\*
- Perkins braille®\*

\* Only applicants who are blind or have low vision

\*\* Only applicants who are deaf or hard-of-hearing

## HEALTH-RELATED NEEDS AND MINOR ACCOMMODATIONS

“Health-related needs” refers to a variety of medical conditions that impact a major life activity, such as those affecting digestion, immune function, respiration, circulation, endocrine functions, etc. Documented health needs include conditions such as diabetes, epilepsy, and chronic pain.

Some documented health needs require **only minor accommodations**. Minor accommodations include, but are not limited to: special lighting; adjustable table or chair; extra breaks for medication or snacks; or a separate room if food, beverages, or glucose testing materials are necessary during the test session.

If you require minor accommodations, you must submit:

- the **registration form** in this supplement (see “Step 5: Registration Form” on page 7)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 6: Testing Accommodations Request Form” on page 7)
- a **letter of support** from a medical doctor or other qualified professional stating the nature of the condition and the reason for the minor accommodations requested (a note on a prescription pad is not acceptable)
- the **appropriate test fee**

Some medical aids do not require approval for accommodations. These aids include, but are not limited to: those that are necessary for you to ambulate (cane, crutches, wheelchair, walker, prosthetic limb, service animal) or communicate (hearing aid, voice amplifier) or those that are otherwise required for health reasons (heart rate monitor). If you require these types of medical aids, you do not need to request accommodations. If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump that is attached to your body plus the transmitter used to program the pump) or your pump is especially noisy. If the pump cannot be silenced and is likely to disturb other test takers, requesting accommodations is a good idea so you can be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require accommodations; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

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## STEP 3: TEST FORMAT

With the exception of the Teacher Leadership assessment and the Assessment of Sign Communication-American Sign Language (ASC-ASL), all GACE assessments are computer-delivered. If you need an alternate format of an assessment, see page 5 for a list of some of the most commonly requested and approved alternate test formats.

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## STEP 4: REGISTRATION BULLETIN

The GACE *Registration Bulletin* is a free publication that contains program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures, and score reporting information. The *Bulletin* is available on the GACE website at [www.gace.ets.org/about/bulletin](http://www.gace.ets.org/about/bulletin).

## **STEP 5: REGISTRATION FORM**

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Complete the registration form on pages 20–23 of this supplement.

## **STEP 6: TESTING ACCOMMODATIONS REQUEST FORM**

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The *Testing Accommodations Request Form* is on pages 12–19 of this supplement.

### **Part I — Applicant Information** (pages 12–13)

Complete this section and sign the Applicant’s Verification Statement, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years.

### **Part II — Accommodations Requested** (pages 14–15)

Complete this section, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years. If you are requesting accommodations other than those listed in Part II, you must describe them under “Other Accommodations.”

### **Part III — Certification of Eligibility: Accommodations History (COE)** (pages 16–19)

All candidates are requested to submit a Certification of Eligibility: Accommodations History as verification of their use of accommodations in employment or post-secondary education within the past three years. (If you have been approved by ETS within the past two years for the same accommodations that you are currently requesting on the same test, you do NOT need to submit a Certification of Eligibility: Accommodations History.)

In some instances, the Certification of Eligibility: Accommodations History is sufficient to document a disability and can be used in place of full documentation. See page 16 for details. The authorized person submitting the Certification of Eligibility: Accommodations History must certify that the documentation on file meets the ETS Documentation Criteria on page 16. ETS reserves the right to request the actual documentation.



## STEP 7: DISABILITY DOCUMENTATION

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*All applicants must submit the Testing Accommodations Request Form. In addition, you must submit disability documentation if:*

- you are requesting accommodations other than 50 percent (time and one-half) and/or extra breaks; or
- you indicate in Part I of the *Testing Accommodations Request Form* that you have a physical disability or a psychiatric condition, or you check “Other” under “Nature of your disability;” or
- you were first diagnosed with a disability within the past 12 months; or
- you are requesting accommodations that are different from those that ETS approved for you within the last two years, or you are requesting those same accommodations but for a different test; or
- you have not previously used the accommodations you are now requesting; or
- you have a sensory disability and your accommodations request does NOT match the specifications that follow; or
- you are unable to submit a Certification of Eligibility: Accommodations History.

**DO NOT send documentation if you are not required to do so. Once documentation has been submitted and reviewed, all decisions are based on the documentation. If documentation is not needed, submitting it will delay the review process. An Individualized Education Program (IEP) or 504 Plan alone may not be used.**

*If you are blind or legally blind*, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- Screen magnification
- Selectable background and foreground colors
- Braille
- Large print (test book and/or answer sheet)
- Audiocassette or CD recording
- Reader
- Scribe
- Braille slate and stylus
- Perkins braille
- 50 percent extended time (time and one-half)
- Extra breaks

*If you are blind or legally blind*, a request for 100 percent extended time (double time) does not require documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting braille, a reader, or an audiocassette or CD recording.

*If you have low vision or some other condition that affects visual functioning*, such as an eye coordination disorder, please refer to the “Policy Statement for Documentation of Blindness and Low Vision in Adolescents and Adults” on the ETS website at [www.ets.org/disabilities/documentation](http://www.ets.org/disabilities/documentation).

*If you are deaf or hard-of-hearing*, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- 50 percent extended testing time (time and one-half)
- Extra break(s)
- Sign language interpreter (for check-in assistance and spoken directions only)
- Oral interpreter (for check-in assistance and spoken directions only)



## STEP 8: HOW TO SUBMIT YOUR REQUEST TO ETS

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Requests for testing accommodations may be submitted via mail or email. Be sure to include all of the documents listed below. **An incomplete application will cause a delay in processing your request.**

- **Appropriate registration form** (see “Step 5: Registration Form” on page 7)
- **Testing Accommodations Request Form** (see “Step 6: Testing Accommodations Request Form” on page 7)
- **Disability documentation**, if required, including Parts 1, 2 and 3 of the “Documentation of Blindness and Low Vision in Adolescents and Adults,” if applicable (see “Step 7: Disability Documentation” on page 8)
- **Appropriate test fee**

### Submitting Requests by Mail or Courier Service

#### Mail

ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054 U.S.A.

#### Courier Service

ETS Disability Services  
225 Phillips Boulevard  
Ewing, NJ 08628-1426 U.S.A.

### Submitting Requests via Email

Requests for testing accommodations can be emailed to **disability.reg@ets.org**.

Do not submit requests to the Contact Information email listed on page 3. Requests submitted to that email address will not be processed.

**IMPORTANT NOTE:** If you email your documents, do not include credit card information on your registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

To email your request:

- Download this supplement and print the Testing Accommodations Request Form (pages 12–19) and the registration form (pages 20–23)
- Complete all documents
- Scan all documents
- Attach all documents to email
- Send email to **disability.reg@ets.org**

## USING PREVIOUSLY APPROVED ACCOMMODATIONS

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If you have received approved accommodations from ETS within the last two years and your documentation is still current, you may request the same accommodations for any GACE assessment during the 2016–17 testing year. If you are registering for a different test, the accommodations ETS previously approved for you within the last two years will be approved again if they are appropriate for the current test.

To register, submit:

- the **registration form** from this supplement (see “Step 5: Registration Form” on page 7)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 6: Testing Accommodations Request Form” on page 7); be sure to indicate the previous test name and test date
- the **appropriate test fee**

**IMPORTANT NOTE:** If you email your documents, do not include credit card information on your registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

## HOW TO REGISTER ONCE YOUR REQUEST IS APPROVED

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ETS will send you an authorization letter confirming the accommodations that have been approved.

- **Computer-delivered Testing**  
The authorization letter will include instructions that you must follow to schedule your test. **Do not schedule your test until you receive your authorization letter.** When scheduling your test, be prepared to provide the authorization/voucher number and the information contained in the letter.
- **Alternate Test Format**  
A representative from ETS Disability Services will contact you to confirm the accommodations approved for you and to schedule your test.

## DEADLINE FOR ACCOMMODATIONS REQUESTS

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Your request for accommodations should be submitted as early as possible, especially if you are requesting an alternate test format. Documentation review takes approximately six weeks once your request and complete paperwork have been received at ETS. If additional documentation must be submitted, it can be another six weeks from the time the new documentation is received until the review is complete.

ETS is committed to producing alternate test formats as quickly as possible; however, production times may vary. Check the *GACE Registration Bulletin* or the GACE website for testing windows for the 2016–17 testing year so you can plan accordingly.

## **REQUESTS TO CHANGE OR CANCEL TESTS**

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For program policies regarding requests to change or cancel tests, see the *GACE Registration Bulletin*. Rescheduling is permitted within the same testing year.

If you are scheduled to test at a Prometric center, you may change or cancel your test by calling Prometric at 1-800-967-1139. For all other GACE testing questions, contact ETS Disability Services. See page 3 for contact information.

## **TEST PREPARATION**

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For test preparation information, go to the GACE website at [www.gace.ets.org](http://www.gace.ets.org) and follow the “Test Preparation Resources” link.

If you need preparation materials in an alternate format, please contact ETS Disability Services. See page 3 for contact information.

Test takers are advised to consult ETS’s “Tips for Test Takers with Disabilities,” which is available online at [www.ets.org/disabilities/tips](http://www.ets.org/disabilities/tips).

## **SCORING AND REPORTING**

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Test takers who are blind can contact ETS Disability Services by phone for their test scores. See page 3 for contact information.

# GACE® TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information

**Instructions:** Complete this page using blue or black ink and sign the Applicant's Verification Statement on page 13.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Applicant's Name** (print your name as it appears on your ID documents — leave one blank box between names)

First Name	M.I.	Last Name

**Address Line 1**

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**Address Line 2**

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City	State or Province

ZIP or Postal Code	Country

Gender	Date of Birth	Social Security Number
<input type="checkbox"/> Male <input type="checkbox"/> Female	Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	(last 4 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Day Phone Number**

--

**Evening Phone Number**

--

**Fax Number**

--

**Email Address**

--

Nature of your disability (check all that apply):

<input type="checkbox"/> Blind or legally blind <input type="checkbox"/> Low vision <input type="checkbox"/> Deaf <input type="checkbox"/> Hard-of-hearing <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical/Medical disability (identify condition; must submit documentation) <hr/> <input type="checkbox"/> Psychological (identify condition; must submit documentation) <hr/> <input type="checkbox"/> Traumatic Brain Injury (must submit documentation) <input type="checkbox"/> Autism Spectrum Disorder (e.g., Asperger; must submit documentation) <input type="checkbox"/> Other (identify condition; must submit documentation)
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When was your disability first diagnosed? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of professional's most recent evaluation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Other than testing accommodations, describe what strategies, devices, or medications you ordinarily use to manage your condition:

\_\_\_\_\_

\_\_\_\_\_

*(continued on next page)*



















## GACE® Registration Form for Testing with Accommodations

If you are requesting testing accommodations for a GACE® assessment, you must complete and submit this registration form in addition to the *Testing Accommodations Request Form* (pages 12–19). **Note:** You cannot schedule a test until you receive your authorization letter. Accommodations can only be provided when you follow the instructions in your authorization letter.

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (\*).

**\* First Name**

(as it appears in your MyPSC account)

**Middle Name or Initial**

(as it appears in your MyPSC account)

**\* Last Name** (as it appears in your MyPSC account)

**\* Address Line 1**

**Address Line 2**

**\* City**

**\* State or Province**

**\* ZIP/Postal Code**

**\* Date of Birth**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year			

**\* Gender**

<input type="checkbox"/>	<input type="checkbox"/>
Male	Female

**\* Primary Phone Number**

(include area code, country code, or city code):

**Secondary Phone Number**

(include area code, country code, or city code):

**\* Email Address** (must be the same email address used when obtaining your GA CERT ID number)

**\* GA CERT ID Number**

**Candidate ID** (if known)

(continued on next page)



Applicant's Name: \_\_\_\_\_  
(please print) First Name M.I. Last Name

**\* TEST FEES** (GACE assessments administered at international test sites are subject to a \$50 test site fee in addition to any test fees paid.)

Program Admission (combined test): **\$128\***

Program Admission (any two tests): **\$103\***

Program Admission (single test): **\$78\***

Certificate Upgrade: **\$193\***

Content (combined test): **\$193\***

Content (single test): **\$123\***

Educational Leadership: **\$193\***

Georgia Educator Ethics: **\$30**

Georgia Ethics for Educational Leadership: **\$40**

Paraprofessional: **\$35**

Teacher Leadership: **\$350**

\* A \$25 registration fee and a \$28 test center fee are included in this test fee.

### ACCEPTABLE PAYMENT METHODS

- Credit/debit card (American Express®, Discover®, JCB®, MasterCard®, and VISA®)  
Any debit/credit card branded with one of these five accepted credit card logos can be processed.

**\* PAYMENT** (See payment policies on page 23.)

AMOUNT DUE \$ \_\_\_\_\_ Payment type: (check one)

Credit Card

Debit Card

Indicate which credit/debit card is being used and enter your card number and expiration date below.

**IMPORTANT NOTE:** If you are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

American Express®     Discover®     JCB®     MasterCard®     VISA®

Credit/Debit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date

		/		
--	--	---	--	--

Month    Year

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

(continued on next page)





## ETS CONSENT POLICY

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Notwithstanding anything to the contrary in any other ETS or ETS affiliate’s (“ETS,” “we,” “us,” “our”) materials or agreements with you, you consent to the terms and conditions herein by registering for or taking an ETS test, creating an online account or using our website, providing survey information or requesting one of our services, or completing order or payment information. You agree that we have the right to obtain, store (only for as long as necessary), use, and transmit your personal information including your full name, home address, email address, telephone number, Social Security number, passport number, biometric data such as fingerprints, audio recordings and video files, your answers to other background information questions, the test you are registering for, test date, payment information, and how you specifically use our website (“Personal Information”).

We use your Personal Information to:

- complete any registration, purchases, or other transactions you request online
- improve our products and services, and identify, develop, and offer new or expanded products and services
- improve and personalize your experience on the Website
- notify you about updates, products, services, and/or special offers from ETS, its affiliates, and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our website

Based upon your specific relationship(s) with us for a particular product or service, we may use your Personal Information in ways described in more detail in one or more other agreements. Health information is used to evaluate accommodation requests and may be used for research purposes. If used in research, all identifying information will be removed.

Additionally, you consent to the transfer of your Personal Information within and outside of your country of residence and outside of the location where you have taken the test(s).

We disclose your Personal Information to certain third parties with whom we have a direct or indirect business or contract relationship, to provide the products and services you have requested.

You will have the ability to opt out of receiving certain communications from us, including voicemail or email. If you do not opt out immediately, but later decide that you would prefer not to receive email communications from us, please contact that particular testing program through [www.ets.org](http://www.ets.org). Remember, however, that we may still send email or call you in order to provide a product or service that you request.

**Australia requires ETS to provide notification to AU residents. For Australian residents only**, please be informed that if you consent to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates’ use of such data outside of Australia does not breach the Australian Privacy Principles.

By indicating “Accept,” you consent to the terms and conditions above and those more fully outlined in the ETS Privacy Policy located at [www.ets.org/legal/privacy](http://www.ets.org/legal/privacy) or attached hereto for paper-based assessments.

## GLOSSARY

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**ADHD:** Attention-deficit hyperactivity disorder. A persistent pattern of inattention and/or hyperactivity that is more frequent and severe than is typically observed in individuals with comparable levels of development.

**Alternate format:** Test format other than the one in which the test is usually delivered; examples include large print, braille, and audio recording.

**Braille slate and stylus:** A device that enables a braille user to manually emboss braille dots onto paper. Only available for applicants who are blind or have low vision.

**Certification of Eligibility: Accommodations History:** A verification statement signed by an authorized professional who verifies the applicant's accommodations history and certifies that there is documentation on file that meets the ETS Documentation Criteria.

**Ergonomic keyboard:** A computer keyboard designed to minimize muscle strain and related problems.

**Extra breaks:** Breaks other than regularly scheduled breaks that are not included in the testing time. Extra breaks can be taken as needed for snacks, beverages, medication, restroom trips, etc.

**Extended testing time:** Extra time to take the test. The amount of extended testing time is correlated to the test taker's disability or functional limitations. Fifty percent extended testing time is time and one-half; 100 percent extended time is double time (documentation is required for 100 percent extended time or more).

**IntelliKeys keyboard:** A programmable alternative keyboard that enables users with physical and/or visual disabilities to easily type, enter numbers, navigate on-screen displays, and execute menu commands.

**Keyboard with touchpad:** A standard computer keyboard with a built-in touchpad. The touchpad allows the user the option of either using no external mouse or using a secondary pointing device.

**Large-print answer sheet:** An answer sheet for multiple-choice questions with large blocks that the test taker can mark with X's, rather than smaller boxes or ovals that need to be filled in.

**LD:** Learning disability.

**Minor accommodations:** Accommodations that do not affect the test delivery or response, such as a footstool, earplugs, a special chair/desk, or a cushion.

**Oral interpreter:** A trained interpreter who silently mouths speech for a deaf or hard-of-hearing test taker who is able to speech read. An oral interpreter may also use facial expressions and gestures and may paraphrase the language used by the speaker. This accommodation is provided for spoken directions and check-in procedures only and is available only for applicants who are deaf or hard-of-hearing.

**Paper-delivered test:** Any test that is ordinarily given on paper rather than on computer, or offered as an accommodation for a computer-delivered test.

*(continued on next page)*

**Perkins braille:** A braille typewriter with a key corresponding to each of the six dots of the braille code. It is permitted for note taking only. Available only for applicants who are blind or have low vision.

**Reader:** A person who reads the test aloud to the test taker. Typically for an individual with learning disabilities or traumatic brain injury or a test taker who is blind or has low vision. A reader reads the test directions, questions, and answer choices to the test taker. A reader does not interpret, reword, or explain the test, though the reader may repeat test content at the test taker's request.

**Screen magnification:** Enlarging the size of everything displayed on the computer screen.

**Scribe:** A person who writes down, or otherwise records, the test taker's responses. The scribe does not correct spelling, create answers for the test taker, or help the test taker identify correct answers. The scribe simply writes the test taker's answers down on the test or answer sheet or types them into a computer.

**Selectable background and foreground colors:** A feature on computer-delivered tests that permits the test taker to select the colors of the background and the text to improve contrast and minimize eyestrain.

**Sign language interpreter:** An individual who communicates with the test taker using sign language. Available only for applicants who are deaf or hard-of-hearing, for spoken directions and check-in procedures only.

**Trackball:** A pointing device consisting of a ball held by a socket containing sensors to detect a rotation of the ball. The user rolls the ball with the thumb, fingers, or palm of the hand to move a pointer or cursor on the screen. Used as an alternative to a mouse.

**Traumatic brain injury (TBI):** Typically results from a violent blow or jolt to the head. The term TBI is often used synonymously with the term "head injury."

