

### 2024-25

# 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 2024-25 GACE *Registration Bulletin* (see page 14).

Visit the ETS website at **www.ets.org/disabilities** for the most up-to-date information.

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#### **General Information**

ETS is committed to serving test takers with disabilities or health-related needs by providing reasonable accommodations that are appropriate given the purpose of the test.

While many test takers with disabilities successfully take a  $GACE^{\oplus}$  test with appropriate accommodations, some test takers with disabilities may want to ask their prospective institution or fellowship sponsor whether it is willing to waive the test requirement and consider their application based on other information.

**Important:** Test takers requesting accommodations MUST complete a *Testing Accommodations Request Form* and submit it to ETS Disability Services. The form may be submitted online, via email, mail or courier service. We strongly encourage using the online registration system. You must submit your request and have your accommodations approved by ETS Disability Services **before** your GACE test may be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible. Documentation review may take approximately four to six weeks once your request and complete paperwork have been received at ETS. If additional documentation is requested, it may be approximately two to four 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.

Information about GACE program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information is available in the *GACE® Registration Bulletin* and on the GACE website at *https://gace.ets.org/test\_day/id/*. It is recommended you review this information prior to requesting accommodations.

To submit your accommodation request online, you will need to create an ETS account at <a href="https://gace.ets.org/register/accommodations/">https://gace.ets.org/register/accommodations/</a>. In your ETS account you may upload documentation and indicate your preferred test date and location. You may also view your approved accommodations and test appointments. In addition, if you are approved for extended test time, extra breaks, screen magnification and/or selectable background and foreground colors, you may also self-schedule your test online through your ETS account. If you are requesting and are approved for accommodations other than the four listed above, you cannot schedule your test online. Your approval letter will provide instructions for scheduling your test.

#### **Using Previously Approved Accommodations**

If you were previously approved for accommodations on a GACE test, review your approval letter to determine if your accommodations approval is still current. If your accommodations have not expired, you may register following the directions on your letter.

If you have received accommodations from ETS for another test (for example, the *TOEFL*® test, GRE, a *Praxis*® test, or a School Leadership Series assessment) and your documentation is still current, you may request the <u>same</u> accommodations for a GACE test during the 2024-25 testing year without providing disability documentation. The accommodations ETS previously approved for you will be approved again <u>if</u> they are appropriate for the current test.

If you have received testing accommodations on another standardized test such as the ACT, SAT, GMAT, LSAT and/or MCAT, etc. you may request the same accommodations for the GACE test during the 2024-25 testing year by submitting a copy of your approval letter. No disability documentation is required. The accommodations approved for you by another testing agency will be granted if they do not violate test construct or test security.

#### **Reduced-distraction Setting**

Many test takers request a reduced-distraction setting. The testing centers are designed to have minimal distractions with each test taker assigned to an individual carrel with earplugs or headphones available upon request to further reduce environmental noise.

#### **Pre-approved Personal Items**

Certain items are allowed in the testing environment without prior approval. These include, but are not limited to, bandages, spinal cord stimulators, foot stool, lumbar support cushion, service animals and hearing aids/cochlear implant. However, if your hearing aids or cochlear implant have Bluetooth capabilities, accommodations must be requested. The full list of pre-approved personal items for use at test centers or for at home testing is available at <a href="https://www.prometric.com/sites/default/files/Permissible-items.pdf">https://www.prometric.com/sites/default/files/Permissible-items.pdf</a>.

If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump which 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 may be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require prior approval; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

#### **Contact Information**

#### **ETS Disability Services**

**Phone:** 1-866-387-8602 (toll-free in the United States, U.S. Virgin Islands, Puerto Rico, and Canada)

1-609-771-7780 (all other locations)

Monday–Friday 8:30 a.m.–5 p.m. U.S. Eastern Time (New York)

Mail: ETS Disability Services

PO Box 6054

Princeton, NJ 08541-6054

General Email Inquiries: stassd@ets.org

Requests for Testing Accommodations: disability.reg@ets.org

**Courier Service:** ETS Disability Services

660 Rosedale Road Princeton, NJ 08540

#### **How to Request Accommodations**

#### **Steps to Request Accommodations**

To request accommodations for a GACE test, follow the steps below:

- 1. Complete the *Testing Accommodations Request Form*.
- 2. Complete the *GACE Registration Form for Testing with Accommodations* (if not submitting your materials online).
- 3. Determine if Disability Documentation is Needed
- 4. Submit completed forms.

Detailed information regarding each of these steps is provided in this *Supplement*.

#### **Step 1: Complete the Testing Accommodations Request Form**

Complete the *Testing Accommodations Request Form* on pages 11–23 in this *Supplement*.

#### Part I — Applicant Information

Complete this section and sign the Applicant's Verification Statement even if you are requesting accommodations identical to those approved for you by ETS previously.

#### Part II — Accommodations Requested

Complete this section even if you are requesting accommodations identical to those approved for you by ETS previously. If you are requesting accommodations other than those listed in Part II, you must describe them under "Other Accommodations."

#### **Accommodations for Health-related Needs**

Health-related needs are most commonly those affecting digestion, immune function, respiration, circulation, endocrine functions, etc., and frequently require only minor accommodations. Documented health needs include conditions such as diabetes, Crohn's disease and chronic pain. Minor accommodations include but are not limited to: extra breaks for medication, snacks, beverages or glucose testing materials which are necessary during the test session.

Documentation for health-related needs should include a letter of support from a medical doctor or other qualified professional stating the nature of the condition and the rationale for the requested accommodation(s). Please note, handwritten documentation or a note on a prescription pad is not sufficient.

#### Step 1: Complete the Testing Accommodations Request Form (continued)

#### **Commonly Requested Accommodations**

- Extended Test Time (all tests are timed)
  - o 25 percent (time and one-quarter) or 50 percent (time and one-half) or 100 percent (double time)
- Extra Breaks The testing clock stops for breaks and does not affect your testing time. Breaks may be used for medication, snacks, trips to the restroom, etc. Some disabilities, by their nature, result in fatigue, the need for rest, and/or restroom breaks while not impacting the actual test taking. In these cases, extra breaks may be more appropriate than extended test time.
- Accommodations for Computer-delivered Tests
  - o Screen magnification
  - o Selectable background and foreground colors
  - o JAWS screen reader with or without refreshable braille device (only for applicants who are blind or have low vision)

#### Assistance

- o Human reader
- o Human scribe
- o Assistance with check-in and for spoken directions (only for applicants who are deaf or hard-of-hearing)
  - Oral interpreter
  - Sign language interpreter
- o Assistance for note taking (only for applicants who are blind or have low vision)
  - Braille slate and stylus
  - Perkins brailler

#### Alternate Test Formats

- o Braille (only for applicants who are blind or have low vision)
- o Large-print test book
- o Large-print answer sheet
- o Recorded audio1

#### Part III — Certification of Eligibility: Accommodations History

All applicants are encouraged to submit *Part III* — *Certification of Eligibility: Accommodations History* form which serves two distinct purposes:

- To provide verification of an individual's use of accommodations either in college or in the workplace
- As a shortcut for approval of certain specific accommodations for particular disabilities

### Step 2: Complete GACE Registration Form for Testing with Accommodations (if not submitting your materials online)

If you plan to submit your materials to ETS Disability Services by email or mail instead of online at **www.gace.ets.org/mygace**, complete the *GACE® Registration Form for Testing with Accommodations* form on pages 24–27 in this *Supplement*.

<sup>&</sup>lt;sup>1</sup>For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

#### Step 3: Determine if Disability Documentation is Needed

**DO NOT** submit disability documentation if you are able to use the COE as a shortcut for approval and/or you are submitting evidence of testing accommodations approval from ETS or another standardized testing agency. Submitting unrequired documentation will delay the review process. **For more information regarding documentation guidelines, please visit** www.ets.org/disabilities.

If you have a learning disability, ADHD, TBI, ASD, a psychiatric disability and/or a physical disability and are requesting 50% extended test time (time and one-half) or less and/or extra breaks, you do not need to submit documentation if you are submitting a valid Part III — Certification of Eligibility: Accommodations History.

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

- Screen magnification
- Selectable background and foreground colors
- Braille
- Screen reader
- Large print (test book and/or answer sheet)
- Recorded audio
- Human reader
- Human scribe
- Braille slate and stylus for note-taking only
- Perkins brailler for note-taking only
- Extra breaks
- 50 percent or less extended test time (time and one-half)
- 100 percent extended test time (double time) when also requesting braille, a human reader, recorded audio, or a screenreader

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

- 50 percent or less extended test time (time and one-half)
- Extra breaks
- Sign language interpreter (for check-in assistance and spoken directions)
- Oral interpreter (for check-in assistance and spoken directions)

### **Step 4: Submit Your Completed Forms and Documentation to ETS Disability Services**

Requests for testing accommodations may be submitted online or via email, mail or courier service. We strongly encourage using the convenient online registration system. Be sure to include the appropriate documents with your submission. An incomplete application will cause a delay in processing your request.

#### **Submitting Your Material Online in Your ETS Account**

You may submit materials online through your ETS account at *https://gace.ets.org/mygace*. Once signed in, select "Accommodation Status/New Request" under the "Test Takers with Disabilities or Health-related Needs" section on the home page and follow the instructions.

#### **Submitting Your Material by Email**

В	se sure to attach the following items with your email message:
	☐ Completed Testing Accommodations Request Form
	☐ Completed GACE Registration Form for Testing with Accommodations
	☐ Disability documentation (if required)

Requests for accommodations should be sent to *disability.reg@ets.org*.

**Please note:** Do not include credit card information with your mail or email. Once your application has been received at ETS, you will receive an email with instructions regarding payment options.

# Step 4: Submit Your Completed Forms and Documentation to ETS Disability Services (continued)

#### **Submitting Your Material by Mail or Courier Service**

Be sure to include the follo	owing with your request:
☐ Completed <i>Testing</i> A	Accommodations Request Form
☐ Completed GACE®	Registration Form for Testing with Accommodations
☐ Disability documen	tation (if required)
Mail your material to the a	appropriate address below.
Mail	Courier Service

ETS Disability Services
PO Box 6054
Princeton, NJ 08541-6054
ETS Disability Services
660 Rosedale Road
Princeton, NJ 08540

U.S.A. U.S.A.

Once your accommodations have been approved, you will receive an email from ETS Disability Services with instructions regarding how to register for the GACE test.

Regardless of how you submit your material, ETS Disability Services will contact you via email regarding your application.

#### **Changing or Canceling Your Test**

If you are scheduled to take a computer-delivered 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 4 of this bulletin for contact information.

Policies for changing or canceling your test are included in the GACE *Registration Bulletin* and on the GACE website at *www.gace.ets.org/register/change\_cancel*. Rescheduling is permitted within the same testing year.

#### **GACE Test Preparation**

For test preparation information, go to the GACE website at *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 4 of this supplement for contact information.

#### **Score Reporting**

Test takers who are blind may contact ETS Disability Services by phone for their test scores. See page 4 of this supplement for contact information.

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#### <u>Acknowledgment</u>

This Acknowledgment, including the Privacy Notice at www.ets.org/legal/privacy, contains the terms and conditions between you and Educational Testing Service ("ETS," "we," "us," "our") regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as "Testing Services"). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

#### **Personal Information**

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store, use, disclose (including to public authorities and score recipients), extract and transmit (collectively "use") the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as "Personal Information". Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

#### **How We Use Your Personal Information**

We use your Personal Information to: complete any registration, purchases, or other transactions you request; improve our products and services; identify, develop, and offer new or expanded products and services; improve and personalize your experience on the website; customize the content and/or format of the pages you visit subject to your opting-in (see below); 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.

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.

#### **International Transfer**

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the United States to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

#### **Third Party Disclosure**

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

#### **Your Rights**

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading, or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

#### **Further Communications**

We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

#### **Governing Law**

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

#### **Additional Information**

This section containing additional information is of general application, but it is also provided for purposes of the EU General Data Protection Regulation when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services): ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org

Purpose and Legal Basis for Processing: To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

Legitimate Interests relied upon: ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

International Transfers: Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

Personal Information Retention: Personal Information is generally held for 5 years from the date of its submission. This period may be extended by ETS if the score for the Testing Service you require remains valid for a longer period (which information is usually contained in your testing result information), if the Testing Service you have requested is being reviewed or if our legitimate interest in retaining your Personal Information remains in place. It also may be shorter if we no longer require your Personal Information (for example, if you have expressed interest in a test but have not taken one). You may contact us at etsinfo@ets.org if you require further information.

Data Subject Rights: In addition to the rights described above, you may have data portability rights. For security reasons, most testing organizations will require that Personal Information be obtained directly from you and this may limit the usefulness of your data portability rights.

Supervisory Body: Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services.

For Hong Kong residents only: Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

For Australian residents only: Please be informed that if you agree 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.

For Canadian residents only: This is the notification that ETS is required to provide to Canadian residents. Please see above regarding International Data Transfers. Where we transfer Personal Data to third parties we contractually require third parties to have a written procedures in place that comply with the requirements of the applicable privacy laws in Canada.

For Singapore residents only: In connection with the transfer of your Personal Information outside of Singapore, ETS believes that the laws of the recipient country of your Personal Information will provide a standard of protection comparable to the applicable laws of Singapore.

#### **Contact Information**

If you have questions or requests concerning our use of your Personal Information, you should contact: etsinfo@ets.org.

By indicating "I Agree," you expressly and voluntarily acknowledge and agree to the terms and conditions above, particularly those relating to our use of biometric data and the international transfer of Personal Information.

Applicant's Nam			
(please print)	First Name	M.I.	Last Name
•	Verification State	ment to Be Signe	d by Applicant
sufficient, I agree evaluate my requ information requ	e to provide ETS with any a uest for accommodations. I	additional information or do I also give permission to rel or the accommodation(s) re	rue, and if this application is not ocumentation requested in order to lease to ETS a copy of any pertinent equested herein. If I am requesting
sufficiently in adv for accommodat time the applicat to four weeks fro	vance of the test administrations. I also understand that ion is complete. If addition method the time the new documes the right to make final descriptions.	ation date to provide time to t processing can take appro al information is requested, nentation is received until th	ication must be available to ETS of evaluate and process my request eximately four to six weeks from the lit may be approximately another two lit may be complete. I acknowledge any requested accommodation is
request for according official has comp	mmodations will not be pro leted it. I also understand t half to submit the supportir	cessed if I alter or revise Pa hat ETS does not waive its	is History form, I acknowledge that my art III in any way after the appropriate right to ask the person who completes sary, either before or after the test
request. For qua	lity assurance, the Certific		information to ETS upon ETS's odations History form may be subject file.
will any individua	•	research studies, and that t	search purposes, and that in no case the information will be protected by
determined that,	in ETS's judgment, any in	formation presented in this	my scores if it is subsequently application or supporting commodations that are not necessary
consult to augme	ent its in-house expertise. I	By submitting my request fo	consultants with whom it may or accommodations, I authorize and ed concerning this request.
Signature of App	olicant		Date
	Keep a copy of t	this completed form for ye	our records.

# GACE TESTING ACCOMMODATIONS REQUEST FORM Part II — Accommodations Requested

Applicant's Name:				
(please print)	First Name		M.I.	Last Name
Today's Date: Mor	nth Day Year	-		
Previously Appro	ved Standardized	Testing Accommod	lations	
•	are identical to those	accommodations by e you are requesting		not expired and your k all tests completed and
Program: G	BACE®	GRE®	HiSET®	ParaPro
F	Praxis®	School Leadership	Series	TOEFL®
Previous test date	(s) (month/year):			
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•	•	al limitations caused roved on another sta	•	es) for which testing
Yes	No			
	REQUESTE	O ACCOMMODATIO	NS (Check all that	apply)
time, you must sul	bmit disability docun		ion of approval of t	ore than 50 percent extended the same accommodations
25 percent (til	me and one-quarter	) 50 percent (ti	me and one-half)	100 percent (double time)
Extra Breaks — brestroom, etc.)	oreaks are not includ	ded in testing time (n	nay be used for me	edication, snacks, trips to the
Yes				

(continued on next page)

# GACE TESTING ACCOMMODATIONS REQUEST FORM Part II — Accommodations Requested (continued)

Ap	plicant's Name	ə:			
(ple	ease print)	First Name	M.I.		Last Name
Ac	commodatio	ns for Computer-delivere	ed Tests		
	Screen magr	nification			
	Selectable b	ackground and foreground	d colors		
	JAWS screen	n reader (only for applican	ts who are blind or ha	ve low visio	on)
Alt	ernate Test F	ormats			
	Braille (only	for applicants who are blin	nd or have low vision)		
	Large-print to	est book			
	Large-print a	inswer sheet			
	Audio record	ing			
blir	ndness or lega		mit disability documer	ntation or ve	and your disability is NOT erification of approval of the ETS for review.)
	Human read	er			
	Human scrib	e			
	Sign languag deaf or hard-		assistance and spoke	n directions	s (only for applicants who are
	Oral interpre hard-of-hear		e and spoken direction	s (only for	applicants who are deaf or
	Braille slate	and stylus for note taking	only for applicants wh	no are blind	or have low vision)
	Perkins brail	ler for note taking (only for	r applicants who are b	lind or have	e low vision)
(e.ç	g., medical su pplicable), and	odations. If you are reque pplies/assistive devices), p d submit appropriate docu	please describe them imentation.	below (incl	uding make/model information,
۷					
3					
4					

# GACE® TESTING ACCOMMODATIONS REQUEST FORM Part III — Certification of Eligibility: Accommodations History

Applicant's Name:			
• •	First Name	M.I.	Last Name

The Certification of Eligibility (COE): Accommodations History form serves two distinct purposes:

- to provide verification of an individual's use of accommodations in either college or in the workplace
- as a shortcut for approval of certain specific accommodations for most disabilities

A completed COE: Accommodations History will only be considered in place of disability documentation from qualified applicants with

- 1. Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD), Traumatic Brain Injury (TBI), Autism Spectrum Disorder (ASD), psychiatric disabilities and/or physical disabilities, who are requesting 50% or less extended time and/or additional breaks only; OR
- 2. Blindness/legal blindness and/or hearing loss who are requesting the accommodations listed on page 7 for these conditions.

For individuals with medical or chronic-health related conditions, or for any other accommodations (double time, scribe, reader, etc.) applicants must submit disability documentation or verification of approval of the same accommodations from another standardized testing agency directly to ETS for review.

This form must be completed and signed by an authorized professional representing one of the following:

- Office of Accessibility/Disability Services at test taker's college or university
- Human Resources office at test taker's place of employment
- Department of Vocational Rehabilitation (DVR) office in test taker's state of residence

Certification of Eligibility: Accommodations History forms completed and signed by members of the applicant's family, or by the individual who diagnosed or is treating the disability, will not be considered.

After reading this page, please complete pages 20-23

(continued on next page)

# GACE® TESTING ACCOMMODATIONS REQUEST FORM Part III — Certification of Eligibility: Accommodations History (continued)

M.I.

Last Name

DIREC	TIONS F	OR COM	MPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY
verificatio	n of the a	accomm	lity: Accommodations History form may be used in lieu of documentation or as odations used in college or in the workplace. The authorized professional should initial or criteria listed below. Please clearly write your initials for each item.
Does the	candidat	e's docu	mentation
Yes	No	N/A	
1			Meet the recency guidelines set forth at www.ets.org/disabilities?
2			Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested?
3			Describe the functional limitations resulting from the diagnosed disability?
4			List the test instruments used in the evaluation report and relevant subtest scores used to document the stated disability? (All test instruments should have adult norms.)
5			Describe the specific accommodation(s) requested and adequately support each requested accommodation?
6			Present itself on official letterhead, typed, signed, and dated by an evaluator qualified to make the diagnosis (include information about license, certification,

and area of specialization)

(continued on next page)

Applicant's Name: \_ (please print)

First Name

### **GACE® TESTING ACCOMMODATIONS REQUEST FORM**

#### Part III — Certification of Eligibility: Accommodations History (continued)

	plicant's Name ease print)	e: First Name			M.I.	Last Name					
	. ,	ving information	regarding th	ne disability dod	cumentation	on file:					
A.	Name and credentials of the professional who completed the most recent evaluation. (e.g., Susar Smith, MD, Psychiatrist)										
		Name			,	Area of Expertise					
B.	Date of profe	essionals most	recent evalu	uation: Month	_/ Year						
C.	• •	iagnosed disab tions have beer	•	bilities, as state	ed in the do	cumentation, for which					
D.	Please indic	ate the accomn	nodations th	ne applicant ha	as received	at your institution.					
	time, disabili		on or verific	ation of appro	val of the sa	equesting more than 50% me accommodations fro r review.)					
	□ 25%	□ 50%	□ 100%	☐ Other	r						
	environment	," please descri	be that env	ironment.		lent used a "reduced dis	_				
E.		period of time									
	•	•				ommodations:					
	⊢rom	Month/Year	10 N	/lonth/Year	-						
						(cor	ntinued on next page				

# GACE® TESTING ACCOMMODATIONS REQUEST FORM Part III — Certification of Eligibility: Accommodations History (continued)

• •	e: First Name	M.I.	Last Name	
F. Has the app	olicant used these accomm	odations for at least one seme	ster or four months?	
Yes	No			
G. Where has	the applicant used the acco	ommodations?		
College	/University			
Place of	f Employment			
Other (in	ndicate):		<u> </u>	

I certify that the accommodations indicated in *Part III — Certification of Eligibility: Accommodations History* form are those that were documented as necessary and approved for the applicant.

I certify I have reviewed the Educational Testing Service (ETS) Disability Documentation Guidelines and the applicant's documentation supporting the disability or disabilities and the need for specific accommodations is in line with those guidelines and on file in this office. For quality assurance, Part III — Certification of Eligibility: Accommodations History form may be subject to an audit resulting in a review of the actual disability documentation on file.

In the event ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand if ETS determines at any time the applicant's documentation is not in line with ETS's Disability Documentation Guidelines, ETS will withhold or cancel the applicant's score(s).

(continued on next page)

#### GACE® TESTING ACCOMMODATIONS REQUEST FORM

Part III — Certification of Eligibility: Accommodations History (continued)

Authorized Professional's Verification Statement  To be signed by an authorized person in the Office of Accessibility/Disability Services, Resources counselor at place of employment or a Vocational Rehabilitation counselor. Note evaluator who diagnosed or is treating the individual cannot complete this form.  Signature of Authorized Professional  Date  Title  Name of Institution/Agency/Place of Employment  Telephone  Fax #  Email Address	
To be signed by an authorized person in the Office of Accessibility/Disability Services, Resources counselor at place of employment or a Vocational Rehabilitation counselor. No evaluator who diagnosed or is treating the individual cannot complete this form.  Signature of Authorized Professional  Date  Print Name  Title  Name of Institution/Agency/Place of Employment  Telephone  Fax #	
Resources counselor at place of employment or a Vocational Rehabilitation counselor. No evaluator who diagnosed or is treating the individual cannot complete this form.    Signature of Authorized Professional   Date	
Print Name  Title  Name of Institution/Agency/Place of Employment  Telephone  Fax #	
Title  Name of Institution/Agency/Place of Employment  Telephone  Fax #	
Name of Institution/Agency/Place of Employment  Telephone  Fax #	
Telephone Fax #	
Email Address	
Attach Business Card Here	



#### **GACE® Registration Form for Testing with Accommodations**

If you are requesting testing accommodations for a GACE® assessment by mail or email, you must complete and submit this registration form in addition to the *Testing Accommodations Request Form* (pages 11–23). **Note:** You cannot schedule a test until you receive authorization to do so.

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)																		
			_					T				_	_	_	_		Т				_								Т	1	_	1		
* Last	Na	me	(as	it a	ppe	ears	s in	yo	ur I	МуF	PSO	Са	ссо	unt	)																			
* Addr	ess	s Lir	ne 1	l																														
Addres	s L	ine	2																															
* City											* State or Province							e * ZIP/Postal Code																
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* Date	of	Birt	h					_								*	Gei	nde	er															
Month	L	 Day	_		Ye	⊥ ear		J								∟ Ma	」 Ie		Fe	 ema	le.		O	the	r									
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Candid	late	ID	(if k	nov	vn)							7																						
												_																						

(continued on next page)

Applicant's Name:		
(please print) First Name	M.I.	Last Name
* TEST DATE (See the GACE Registration Bulletin for test date: A separate registration form is required for each date.)  Month Day Year	s and registra	tion deadlines. Enter only one test date.
<b>* TEST</b> (See the GACE <i>Registration Bulletin</i> for a list of tests off code for the test you are registering to take. On any given test da		
Test Code Test Name		
* TEST CENTER (Select your first- and second-choice test cent name and location of each center in the appropriate spaces. Test ETS GACE website at www.gace.ets.org.)		
NOTE: If your first- and second-choice test centers are full, you v	will be assigne	ed to the closest available test center.
* First Choice Test Co	enter Name:	
	•	
	State: _	
Second Choice Test Co	enter Name:	
	City:	
	State: _	
BACKGROUND INFORMATION		
The following questions are optional and only used for the not maintained as part of your educator certification record		valuating test questions. They are
1. What is your best language of communication?		
English		
Another language		
2. What language(s) did you first learn as a child?		
What language(s) did you first learn as a child?  English only		

(continued on next page)

Applicant's Name:			
• •	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.)

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: \$38

Teacher Leadership: \$350

**PAYMENT** Please pay online with a credit card. If you are requesting an accommodation, do not send payment with this form. You can pay online after the voucher and/or accommodation has been provided.

**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.

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

ne	M.I.	Last Name	
the full amount.			
	•	dollars and are exclusive of any	
with ETS must be բ	paid in full prior to regist	tering for any ETS-administered tes	ts.
I for nonpayment o	f fees.		
ndable.			
e accepted			
the terms and con	ditions outlined in the A	CKNOWLEDGMENT on pages 12	-15
o take the test(s) for 2024-25 GACE Re ically those concer of scores, and the address appear on notograph and othe	or which I am registering egistration Bulletin and coning the Rules of Test Paraconfidentiality of test quality form. I understand a per types of personal information	g and hereby agree to the on the ETS GACE website at Participation, the test administration uestions. I certify that I am the and agree that ETS and the rmation regarding my identification	
	the full amount.  ge without notice. If ded, or similar taxe with ETS must be placed and able.  ge accepted the terms and control take the test(s) for 2024-25 GACE Received and the address appear on notograph and other deductions.	the full amount.  ge without notice. Fees quoted are in U.S. ded, or similar taxes.  with ETS must be paid in full prior to regist of for nonpayment of fees.  Indable.  The accepted of the terms and conditions outlined in the Accepted of take the test(s) for which I am registering take the test(s) for which I am registering the Rules of Test Formula of scores, and the confidentiality of test quoted accepted of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores, and the confidentiality of test quoted accepted to the test of scores ac	the full amount.  ge without notice. Fees quoted are in U.S. dollars and are exclusive of any ded, or similar taxes.  with ETS must be paid in full prior to registering for any ETS-administered tes for nonpayment of fees.

