

### 2019-20

# 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 2019-20 GACE *Registration Bulletin* (see page 8).

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.

The *Bulletin Supplement for Test Takers with Disabilities or Health-related Needs* for GACE® assessments contains contact information, a list of some of the accommodations ETS most frequently approves and provides, procedures and forms for requesting testing accommodations, and a registration form. The *Supplement* should be used in conjunction with the information in the GACE *Registration Bulletin*.

#### **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

225 Phillips Boulevard Ewing, NJ 08628-1426

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

Requests for accommodations must be submitted to ETS Disability Services for consideration. Requests can be submitted online, by email, or by mail.

**Important:** Test takers requesting accommodations MUST complete a *Testing Accommodations Request Form* and submit it to ETS Disability Services. The form can be submitted online or by mail.

You must submit your request and have your accommodations approved by ETS Disability Services before your GACE test can be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible, especially if you are requesting an alternate test format. Documentation review takes approximately four to 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.

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 *www.gace.ets.org*. It is recommended that you review this information prior to requesting accommodations. It is also recommended that you review "Tips for Test Takers with Disabilities," available at *www.ets.org/disabilities/tips*.

To submit your request for accommodations online, you will need to create an ETS GACE testing account at www.gace.ets.org/mygace. In your GACE testing account you can view approved accommodations and test registrations. In addition, if you are approved for certain testing accommodations (extended time, extra breaks, screen magnification, selectable background and foreground colors), you can also self-schedule your test online through your GACE testing account once your accommodations have been approved. If you are requesting and are approved for accommodations other than the four listed above, you cannot schedule your test online; however, you will be able to find your preferred test date and location online.

#### How to Request Accommodations (continued)

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

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

- 1. Determine if you are eligible to take a GACE assessment and gain approval to test.
- 2. Determine the accommodations you need.
- 3. Review the *Registration Bulletin*.
- 4. Complete the Testing Accommodations Request Form.
- 5. Gather your disability documentation.
- 6. If submitting your material by mail or email, complete the registration form for testing with accommodations in this supplement.
- 7. Submit all completed forms and required documentation to ETS Disability Services by mail, email, or online through your ETS GACE testing account.
- 8. Register and submit payment once your request is approved.

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

#### Step 1: Eligibility

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: Determine the Accommodations You Need**

The first step in requesting accommodations is to determine the specific accommodations that you need. As you make this determination, it is important for you to know about the medical aids that do not require approval, the minor accommodations that can be made for health-related needs, and the most commonly requested and approved accommodations.

#### **Pre-Approved Personal Items That Do Not Require Accommodations**

Certain medical devices are allowed in the testing room without having to request approval. These items include, but are not limited to, earplugs (foam with no strings), bandages, hearing aid/cochlear implant, spinal cord stimulator, catheter, canes, crutches, and service animals. A list of items not requiring approval as accommodations is available at *www.ets.org/disabilities/prometric*.

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.

#### **Minor Accommodations**

Minor accommodations are intended to accommodate those with health related needs, such as those affecting digestion, immune function, respiration, circulation, endocrine functions, etc. Documented health needs include conditions such as diabetes, epilepsy, and chronic pain. 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.

ETS in conjunction with Prometric<sup>®</sup> has developed a list of pre-approved personal items that do not require approval. Please refer to Pre-Approved Personal Items at *www.ets.org/disabilities/prometric*.

If you require minor accommodations, you must submit:

- the **registration form** from this supplement (see "Step 5: If Submitting Materials by Mail or Email, Complete the Registration Form" on page 8)
- Part I and Part II of the *Testing Accommodations Request Form* (see "Step 6: Complete the Testing Accommodations Request Form" on page 8)
- a **letter of support** from a medical doctor or other qualified professional stating the nature of the condition and the reason for the minor accommodation requested (a note on a prescription pad is not acceptable)

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#### Step 2: Determine the Accommodations You Need (continued)

#### Most Commonly Accepted and Approved Accommodations

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

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

**Extra Breaks** — The testing clock stops for breaks and does not affect your testing time. Breaks 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 (only applicants who are blind or have low vision)
- Large-print test book
- Large-print answer sheet
- Audio recording<sup>1</sup>

#### Assistance

- Human reader
- Scribe

### Assistance for Spoken Directions Only (only for applicants who are deaf or hard-of-hearing)

- Oral interpreter
- O Sign language interpreter

### Assistance for Note Taking (only for applicants who are blind or low vision)

- O Braille slate and stylus
- Perkins brailler®

<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: Review the 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*.

#### **Step 4: Test Format**

All GACE assessments are computer-delivered. If you need an alternate format of an assessment, see page 7 for a list of some of the most commonly requested and approved alternate test formats.

## Step 5: If Submitting Materials by Mail or Email, Complete the Registration Form

If you plan to submit your materials to ETS Disability Services by mail or email, complete and include the Registration Form for Testing with Accommodations on pages 28–31 of this supplement.

#### **Step 6: Complete the Testing Accommodations Request Form**

Complete the Testing Accommodations Request form. You can complete the form in this supplement or you can access this form through your ETS GACE testing account at www.gace.ets.org/mygace.

#### **Part I — Applicant Information** (pages 15–20)

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 21–22)

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 23–27)

You are encouraged to submit a Certification of Eligibility: Accommodations History as verification of your use of accommodations in employment or post-secondary education within the past three years.

If you have received ETS approval for a GACE®, GRE®, HiSET®, ParaPro, *Praxis*®, or TOEFL® test, or a School Leadership Series assessment, within the last two years and your documentation is still current, you may request the <u>same</u> accommodations during the 2019-20 testing year and you do NOT need to complete this section.

#### **Step 7: Gather Your Disability Documentation**

You must submit disability documentation if any of the following are true:

- You are requesting accommodations other than 50 percent (time and one-half) and/or extra breaks.
- You indicate in Part I of the *Testing Accommodations Request Form* that you have a medical condition, or you check "Other" under "Nature of your disability."
- You were first diagnosed with a disability within the past 12 months.
- 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.
- You have not previously used the accommodations you are now requesting.
- You have a sensory disability and your accommodations request does NOT match the specifications that follow.
- You are unable to submit a valid Certification of Eligibility: Accommodations History Form.

**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 provides a history of disability and accommodations use; however, an IEP or 504 Plan alone is not sufficient documentation.

*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
- O Braille
- Large print (test book and/or answer sheet)
- Audio recording
- O Human reader

- Scribe
- O Braille slate and stylus
- Perkins brailler
- 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 human reader, or an audio recording.

If you have low vision or some other condition that affects visual functioning, such as an eye coordination disorder, please refer to the "Guidelines for Documentation of Blindness and Low Vision in Adolescents and Adults" on the ETS website at 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)

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

If you previously received ETS approval for accommodations on a GACE test, please review your approval letter to determine if your accommodations approval has expired. If your accommodations have not yet expired, you may reregister following the directions on your letter.

If you have received approved accommodations from ETS for another test (for example, the TOEFL test, a *Praxis* test, or a School Leadership Series assessment) and your documentation is still current, you may request the same accommodations for a GACE test during the 2019-20 testing year without having to provide disability documentation. The accommodations ETS previously approved for you will be approved again if they are appropriate for the current test.

### **Step 8: Submit Completed Forms and Documentation to ETS Disability Services**

Requests for testing accommodations may be submitted via mail, email, or online. 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 GACE Testing Account**

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

Be sure to include the following with your request:

• Disability documentation or completed Certification of Eligibility (COE): Accommodations History form, if required

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

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

Be sure to attach the following completed forms with your email message:

- Testing Accommodations Request Form
- Disability documentation or completed Certification of Eligibility (COE): Accommodations History form, if required
- GACE registration form

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

Do not include credit card information with your email. Once your application has been received, you will be sent an email with instructions regarding payment options.

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

Be sure to include the following with your request:

- Testing Accommodations Request Form
- Disability documentation or completed Certification of Eligibility (COE): Accommodations History form, if required
- GACE registration form

Mail your material to the appropriate address below.

| Mall | Courier Service |
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|      | <u> </u>        |

ETS Disability Services
PO Box 6054
Princeton, NJ 08541-6054
ETS Disability Services
225 Phillips Boulevard
Ewing, NJ 08628-1426

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

#### Step 9: Register and Submit Payment Once Your Request Is Approved

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

- If You Were Approved for a Computer-delivered GACE Test

  The authorization letter will include instructions that you must follow to schedule your test. Do not register to take a computer-delivered test until you receive your authorization letter. When scheduling your test, you will need to provide the information contained in the authorization letter.
- If You Were Approved for an Alternate Test Format
  A representative from ETS Disability Services will contact you to confirm the accommodations approved for you and to schedule your test.

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

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.

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 3 of this bulletin for contact information.

#### **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 3 of this supplement 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.

#### **Score Reporting**

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

#### Glossary

**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).

**Human reader:** A person who reads 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 human reader reads the test directions, questions and answer choices to the test taker. A human reader does not interpret, reword or explain the test, though the reader may repeat test content at the test taker's request.

**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.

**Large-print figure supplement:** A set of enlarged figures, primarily for test takers with low vision who are taking the test in an audio format.

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

(continued on next page)

**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.

**Perkins brailler:** 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.

**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.

**Spellchecker:** An ETS-approved spellchecker is a hand-held device that is sent prior to the test date to test takers who qualify for this accommodation. It is NOT the standard software spellchecker included in programs such as Microsoft® Word.

**Tactile figure supplement:** A raised-line figure supplement to enable a test taker who is blind or has low vision to feel figures. The figure supplement is labeled in braille.

**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.

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|       | .earnin             | g Disa     | bility       | /        |      |       |      |       |       |      |         |       |          |        |      |       |        |      |      |       |       |               |       |        |        |        |      |       |           |          |
| П     | rauma               | ic Brai    | n Inj        | urv      |      |       |      |       |       |      |         | 0     | ther (id | dent   | ifv  | cor   | nditic | n;   | тı   | ıst s | ubr   | mit (         | doc   | un     | nen    | tati   | on)  | )     |           |          |
|       |                     |            | •            | -        | 1 /  |       |      |       |       |      |         | J     | `        |        | ,    |       |        | ,    |      |       |       |               |       |        |        |        | ,    |       |           |          |
|       | Autism (            | -          |              |          |      | _     |      |       |       |      |         |       |          |        |      |       |        |      |      |       |       |               |       |        |        |        |      |       |           |          |
| Whe   | n was y             | our di     | sabi         | lity fir | st c | liag  | nos  | ed?   | Mor   | nth  | /<br>Ye | ar    | Dat      | e of   | pro  | ofe   | ssio   | nal  | 's r | nosi  | t re  | cer           | it ev | /al    | uat    | ion    | :    | lonth | _ /_<br>ı | <br>Year |
|       | r than t<br>conditi |            |              |          | oda  | tion  | s, c | desc  | ribe  | wh   | at st   | trate | egies,   | devi   | ice  | s, c  | or me  | edi  | cat  | ions  | ус    | u o           | rdir  | ıar    | rily ı | use    | to   | ma    | nag       | ge       |
|       |                     |            |              |          |      |       |      |       |       |      |         |       |          |        |      |       |        |      |      |       |       |               |       | _      |        |        |      |       |           |          |
|       |                     |            |              |          |      |       |      |       |       |      |         |       |          |        |      |       |        |      |      |       |       |               |       |        |        |        |      |       |           |          |
|       |                     |            |              |          |      |       |      |       |       |      |         |       |          |        |      |       |        |      |      |       |       |               |       |        | (CO    | านทเ   | ued  | on r  | ıext      | page)    |

#### Acknowledgment

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 paragraph 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 Name (please print)  | e:<br>First Name  |  | M.I.  | Last Name  |
|--|---|--|---|--|
| \  | /erification Stat   | ement to Be  | Signe   | ed by Applicant  |
| sufficient, I agree<br>evaluate my requ<br>information requi                       | to provide ETS with any<br>lest for accommodations                                      | y additional informa<br>s. I also give permiss<br>d for the accommod                     | tion or do<br>sion to re                          | rue, and if this application is not ocumentation requested in order to elease to ETS a copy of any pertinent requested herein. If I am requesting                              |
| sufficiently in adv<br>for accommodati<br>is complete. If ad<br>information is rec | rance of the test adminis<br>ons. I also understand th<br>ditional information is re    | tration date to provinat processing can to<br>quested, the 4 to 6<br>at ETS reserves the | de time to<br>ake 4 to o<br>week time<br>right to | lication must be available to ETS o evaluate and process my request 6 weeks from the time the application are frame begins when the requested make final determination as to . |
| request for according official has complete  | nmodations will not be pole<br>leted it. I also understand<br>nalf to submit the suppor | rocessed if I alter or<br>I that ETS does not  | revise Pa<br>waive its                            | s History, 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. I also un<br>supersedes any<br>assurance, the C                           | nderstand that the documinformation contained in  | nentation in support<br>the Certification of<br>Accommodations H                         | of my re<br>Eligibility                           | s information to ETS upon ETS's equest for accommodations: Accommodations History. For quality ay be subject to audit resulting in a   |
| will any individua   | -   | n research studies,  |   | esearch purposes, and that in no case the information will be protected by   |
| determined that,   | in ETS's judgment, any  | information present  | ed in this  | my scores if it is subsequently application or supporting accommodations that are not necessary.   |
| consult to augme   | ent its in-house expertise  | e. By submitting my  | request fo  | t consultants with whom it may or accommodations, I authorize and led concerning this request.   |
| Signature of App   | licant  |  |   | Date   |
|  | Keep a copy o   | f this completed fo  | orm for y   | our records.   |

# GACE TESTING ACCOMMODATIONS REQUEST FORM Part II — Accommodations Requested

| Ap   | plicant's Name:  |                         |                             |
|------|--|-------------------------|-----------------------------|
| (ple | ease print) First Name   | M.I.                    | Last Name                   |
| Dat  | te of Application://///  |                         |                             |
| -    | ou have received ETS approval within the last to<br>juesting now, and your documentation is still curr | •                       | •                           |
| Pro  | ogram: GACE® GRE®  | HiSET®                  | ParaPro                     |
|      | Praxis®  | School Lea              | dership Series              |
|      | Texas Educator Certification   | TOEFL®                  |                             |
| Pre  | evious test(s) taken   | Previous test d         | ate(s) (month/year)         |
|      |  |                         |                             |
|      | REQUESTED ACCOMMO  | <b>DATIONS</b> (Check a | ll that apply)              |
| Ac   | commodations for Computer-delivered Tests  |                         |                             |
|      | Ergonomic keyboard   |                         |                             |
|      | IntelliKeys keyboard   |                         |                             |
|      | Keyboard with touchpad   |                         |                             |
|      | Screen magnification   |                         |                             |
|      | Selectable background and foreground colors  |                         |                             |
|      | Trackball  |                         |                             |
| Alt  | ernate Test Formats  |                         |                             |
|      | Braille (Only applicants who are blind or have lo  | ow vision)              |                             |
|      | Large-print test book (Test taker must also requ<br>page 22 — under Other Accommodations)              | iest paper-delivered    | test as an accommodation on |
|      | Large-print answer sheet   |                         |                             |
|      | Audio recording  |                         |                             |
|      |  |                         |                             |

(continued on next page)

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

| Аp                | plicant's Name   | :  |   |               |  |       |
|-------------------|--|--|---|---------------|--|-------|
|                   | ease print)  | First Name   |   | M.I.          | Last Name  |       |
|                   |  | TE: If you are requesting blindness, you must sub                              |   |               | cribe, and your disability is NOT  |       |
|                   | Human reade  | er   |   |               |  |       |
|                   | Scribe   |  |   |               |  |       |
|                   | Braille slate a  | and stylus (for note taking  | g only; and only  | applicants v  | who are blind or have low vision)  |       |
|                   | Perkins braille  | er (for note taking only, a  | and for applicant                                       | s who are b   | lind or have low vision)   |       |
|                   | Sign languag<br>deaf or hard-                                |  | n assistance and  | d spoken di   | rections only) (Only applicants wh   | o are |
|                   | Oral interpret   | •  | ce and spoken o   | directions or | nly) (Only applicants who are deat   | or    |
|                   |  | g Time (NOTE: All tests ion must be submitted.)                                | are timed; if you                                       | ı are reques  | ting more than 50 percent extend   | ed    |
|                   | 50 percent (   | time and one-half)   | 1   | 00 percent (  | double time)   |       |
|                   | tra Breaks —<br>troom, etc.)                                 | breaks are not included  | in testing time (d                                      | can be used   | for medication, snacks, trips to the   | те    |
|                   | Yes  |  |   |               |  |       |
| ser<br>dod<br>ord | parate testing r<br>cumentation. <b>N</b><br>linarily comput | oom or use of a calculate IOTE: If you are requesti er-delivered, please indic | or), please desc<br>ng a large-print<br>cate that here. | ribe them b   | er than those listed above (e.g., elow and submit appropriate as an accommodation on a test th | at is |
| 1                 |  |  |   |               |  |       |
| 2                 |  |  |   |               |  |       |
| 3                 |  |  |   |               |  |       |
| 4                 |  |  |   |               |  |       |
|                   |  |  |   |               |  |       |
| J                 |  |  |   |               |  |       |

# 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 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. LD, ADHD, TBI, ASD, psychiatric disabilities, and or physical disabilities, who are requesting 50% extended time and/or additional breaks only; OR
- 2. Visual impairments or hearing losses who are requesting those accommodations listed on page 7 for these conditions.

For any other accommodations (double time, separate room, reader, etc.) applicants must submit disability documentation directly to ETS for review.

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

- Office of 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 licensed and/or certified individual who diagnosed the disability, will not be considered.

After reading this page, please complete pages 24 to 27

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

| (please pi | rint)     | First N   | ame  | M.I.                                  | Last Name   |        |
|------------|-----------|-----------|--|---------------------------------------|---|--------|
|            |           | DIREC     | TIONS FOR COMPLETIN  | IG THE COE: Accomr                    | nodations History   |        |
| postsecor  | ndary set | ting. The | eu of documentation or as<br>e authorized professional s<br>nitials for each item. |                                       | ommodations used in a<br>e documentation criteria listed b          | oelow. |
| Does the   | candidat  | e's docu  | mentation  |                                       |   |        |
| Yes        | No        | N/A       |  |                                       |   |        |
| 1          |           |           | Meet the currency criteri<br>and/or ASD within 5 yea                               |                                       | .org/disabilities (e.g., LD, ADH                                    | D,     |
| 2          |           |           | Include complete educated disability for which according                           | •                                     | and medical history relevant to requested?                          | the    |
| 3          |           |           | Describe the functional I  | imitations resulting fro              | m the diagnosed disability?   |        |
| 4          |           |           |  |                                       | report and relevant subtest sco<br>t instruments should have adult  |        |
| 5          |           |           | Describe the specific accrequested accommodation                                   |                                       | sted and adequately support ea                                      | ach    |
| 6          |           |           |  | · · · · · · · · · · · · · · · · · · · | ed, and dated by an evaluator<br>ation about license, certification | ١,     |

and area of specialization)

(continued on next page)

Applicant's Name:

#### TESTING ACCOMMODATIONS REQUEST FORM

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

|     | plicant's Name<br>ease print) | e:<br>First Name                    |            |                              | M.I.          | Last Name   |
|-----|-------------------------------|-------------------------------------|------------|------------------------------|---------------|---|
| Pro | ovide the follow              | ving information                    | regarding  | the disability doc           | umentation o  | n file:   |
| A.  | Name and c<br>Smith, MD, F    |                                     | profession | onal who comple              | ted the most  | recent evaluation. (e.g., Susan                   |
|     |                               | Name                                |            | <br>Degree                   | Ar            | ea of Expertise                                   |
| B.  | Date of profe                 | essionals most r                    | ecent eva  | luation:<br>Month            | Year          |   |
| C.  |                               | liagnosed disabi<br>tions have been | •          | abilities, as state          | d in the docu | umentation, for which                             |
| D.  |                               |                                     |            | the applicant ha             |               | your institution.  uesting more than 50% extended |
|     |                               | entation must be                    |            |                              |               | · ·   |
|     | environment  1  2  3  4       | ," please describ                   | pe that en | vironment.                   |               | ent used a "reduced distraction testing           |
| E.  | •                             |                                     | ·          | plicant used the  Month/Year | above accor   | mmodations?                                       |
|     |                               |                                     |            |                              |               | (continued on next page                           |

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

| Applicant's Name | ə:                             |                             |                            |
|------------------|--------------------------------|-----------------------------|----------------------------|
| (please print)   | First Name                     | M.I.                        | Last Name                  |
|                  | licant used these accommodatio | ons for at least one semes  | ter or four months?        |
| G. Where has t   | he applicant used the accommo  | dations?                    |                            |
| College/         | University                     |                             |                            |
| Place of         | Employment                     |                             |                            |
| Other (in        | ndicate):                      |                             | _                          |
|                  | Authorized Profe               | essional's Verification Sta | tement                     |
| To be signe      | ed by an authorized person in  | the Office of Disability So | ervices, a Human Resources |

I certify that the accommodations indicated in Part III are those that were documented as necessary and approved for the applicant.

conducted the testing cannot complete this form.

I certify that I have reviewed the Educational Testing Service (ETS) Documentation Criteria (including ETS guidelines about LD, ADHD and psychiatric disabilities, if applicable), and that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office. For quality assurance, Part III – Certification of Eligibility: Accommodations History may be subject to an audit resulting in a review of the actual disability documentation on file.

counselor at place of employment or a Vocational Rehabilitation counselor. NOTE: The evaluator who

In the event that 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 that the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand that if ETS determines at any time that the applicant's documentation does not meet ETS's Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

(continued on next page)

#### **TESTING ACCOMMODATIONS REQUEST FORM**

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

| Applicant's Nam   | e:                   |                    |                   |                 |  |
|-------------------|----------------------|--------------------|-------------------|-----------------|--|
| (please print)    | First Name           |                    | M.I.              | Last Name       |  |
|                   | Authorized           | Professional's Ver | rification Statem | ent (continued) |  |
| Signature of Aut  | horized Professional |                    |                   | Date            |  |
| Print Name        |                      |                    |                   |                 |  |
| Title             |                      |                    |                   |                 |  |
| Name of Instituti | on/Agency/Place of   | Employment         |                   |                 |  |
| Telephone         |                      |                    | Fax #             |                 |  |
| Email Address     |                      |                    |                   |                 |  |
|                   |                      |                    |                   |                 |  |
|                   |                      |                    |                   |                 |  |
|                   |                      | Attach Busines     | ss 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 15–27). **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 (\*).

| * Fi       |   |      |      |       | yo         | ur            | Му             | 'PS | C a | acc  | our   | nt)  |      |      |      |     |      |    |     |      |      |      |      |      | Middle Name or Initial (as it appears in your MyPSC account) |          |      |    |          |          |      |          |      |          |   |  |  |  |
|------------|---|------|------|-------|------------|---------------|----------------|-----|-----|------|-------|------|------|------|------|-----|------|----|-----|------|------|------|------|------|--|----------|------|----|----------|----------|------|----------|------|----------|---|--|--|--|
|            |   |      |      |       |            |               |                |     |     |      |       |      |      |      |      |     |      |    |     |      |      |      |      |      |  |          |      |    |          |          |      |          |      |          |   |  |  |  |
| * La       | Last Name (as it appears in your MyPSC account) |      |      |       |            |               |                |     |     |      |       |      |      |      |      |     |      |    |     |      | _    |      |      |      | 1  | <u> </u> |      |    |          |          |      |          |      |          |   |  |  |  |
|            |   |      |      |       |            |               |                |     |     |      |       |      |      |      |      |     |      |    |     |      |      |      |      |      |  |          |      |    |          |          |      |          |      |          |   |  |  |  |
| * A        | ddr   | es   | s L  | ine   | 1          |               |                |     |     |      |       |      |      |      |      |     |      |    |     |      |      |      |      |      | <u> </u>   |          |      |    |          |          |      | <u> </u> |      | <u> </u> |   |  |  |  |
|            |   |      |      |       |            |               |                |     |     |      |       |      |      |      |      |     |      |    |     |      |      |      |      |      |  |          |      |    |          |          |      |          |      |          |   |  |  |  |
|            |   |      |      |       |            |               |                |     |     |      |       |      |      |      |      |     |      |    |     |      |      |      |      |      |  |          |      |    |          |          |      |          |      |          |   |  |  |  |
| Add        | res   | ss L | _in  | e 2   |            |               |                | I   |     | 1    | 1     |      | 1    |      | _    | _   |      |    |     | 1    |      | 1    | 1    | 1    | 1  |          | 1    | 1  |          |          |      | _        | _    | _        | _ |  |  |  |
|            |   |      |      |       |            |               |                |     |     |      |       |      |      |      |      |     |      |    |     |      |      |      |      |      |  |          |      |    |          |          |      |          |      |          |   |  |  |  |
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| Mor        | nth   | L    | Da   | y     | L          |               | Ye             | ear |     | J    |       |      |      |      |      |     |      | I  | Mal | le   |      | F    | em   | ale  |  |          |      |    |          |          |      |          |      |          |   |  |  |  |
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| Applicant's Name:<br>(please print) Firs | st Name  | M.I.                         | Last Name  |
|--|--|------------------------------|--|
| (please print)                           | i Name   | IVI.I.                       | Last Name  |
| •  | e GACE Registration Bulletin form is required for each date          | •                            | tion deadlines. Enter only one test date.  |
| Month Day Y                              | <b>Year</b>  |                              |  |
|  | E Registration Bulletin for a lis<br>e registering to take. On any g |                              | codes. Enter the name and the test ake up to two different tests.)               |
| Test Code                                | Test Name  |                              |  |
|  | ach center in the appropriate s                                      |                              | five-digit test center code and print the test center codes are available on the |
| NOTE: If your first- and                 | second-choice test centers a   | re full, you will be assigne | ed to the closest available test center.   |
| * First Choice                           | e  | Test Center Name:            |  |
|  |  | City:                        |  |
|  |  | State:                       |  |
| Second Choic                             | re l   | Test Center Name             |  |
| occond choic                             |  |                              |  |
|  |  | •                            |  |
|  |  |                              |  |
| BACKGROUND INFO                          | JRMATION   |                              |  |
| • .                                      | ns are optional and only us<br>rt of your educator certifica         |                              | valuating test questions. They are   |
| •  | st language of communicati   |                              |  |
| English                                  | 0 0  |                              |  |
| Another lan                              | guage  |                              |  |
| 2. What language(s                       | s) did you first learn as a ch                                       | nild?                        |  |
| English only                             | ,  |                              |  |
|  | d another language   |                              |  |
| Another lan                              |  |                              |  |
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| Applicant's Name                                | :   |                        |                       |                           |  |
|---|---|------------------------|-----------------------|---------------------------|--|
| (please print)                                  | First Name  | M.I.                   | Last Na               | me                        |  |
| * TEST FEES (Gin addition to any                | ACE assessments administ test fees paid.)                             | tered at international | test sites are subjec | t to a \$50 test site fee |  |
| Program Adm                                     | nission (combined test): \$12   | 28*                    |                       |                           |  |
| Program Adm                                     | nission (any two tests): <b>\$10</b> 3                                | 3*                     |                       |                           |  |
| Program Adm                                     | nission (single test): \$78*  |                        |                       |                           |  |
| Certificate Up                                  | ograde: <b>\$193</b> *  |                        |                       |                           |  |
| Content (con                                    | nbined test): <b>\$193</b> *  |                        |                       |                           |  |
| Content (sing                                   | gle test): <b>\$123</b> *   |                        |                       |                           |  |
| Educational I                                   | Leadership: <b>\$193</b> *  |                        |                       |                           |  |
| Georgia Edu                                     | cator Ethics: <b>\$30</b>   |                        |                       |                           |  |
| Georgia Ethics for Educational Leadership: \$40 |   |                        |                       |                           |  |
| Paraprofession                                  | onal: <b>\$38</b>   |                        |                       |                           |  |
| Teacher Lead                                    | dership: <b>\$350</b>   |                        |                       |                           |  |
| * A \$25 regis                                  | tration fee and a \$28 test ce  | enter fee are included | d in this test fee.   |                           |  |
| ACCEPTABLE PA                                   | AYMENT METHODS  |                        |                       |                           |  |
|   | (American Express®, Discorard branded with one of the                 |                        |                       | processed.                |  |
| * PAYMENT (See                                  | e payment policies on page  | 31.)                   |                       |                           |  |
| AMOUNT DUE \$.                                  |   | Payment type: (chec    | k one)                |                           |  |
| Credit Card                                     |   |                        |                       |                           |  |
| Debit Card                                      |   |                        |                       |                           |  |
| Indicate which cre                              | edit/debit card is being used   | and enter your card    | number and expirati   | on date below.            |  |
|   | <b>TE:</b> If you are emailing your<br>Once your application has but. |                        |                       |                           |  |
| American Ex                                     | press® Discover®  | JCB®                   | MasterCard®           | VISA®                     |  |
| Credit/Debit Card                               | Number  |                        | Expiration E          | Date<br>ear               |  |
| Cardholder Signa                                | ture  |                        | Date                  | ŧ                         |  |
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| Applicant's Nam   | e.   |  |   |  |  |  |
|---|--|--|---|--|--|--|
| (please print)  | First Name   | M.I.   | Last Name   |  |  |  |
| PAYMENT POLI  | CIES   |  |   |  |  |  |
| All payments i  | must be for the full amoun   | ıt.  |   |  |  |  |
| •   | ect to change without notice, Value-Added, or similar  | ce. Fees quoted are in U.S. do taxes.                              | ollars and are exclusive of any   |  |  |  |
| • All outstanding balances with ETS must be paid in full prior to registering for any ETS-administered tests. |  |  |   |  |  |  |
| <ul> <li>Services may</li> </ul>  | be withheld for nonpayme   | ent of fees.   |   |  |  |  |
| <ul> <li>Service fees a</li> </ul>  | are nonrefundable.   |  |   |  |  |  |
| <ul> <li>Cash paymen</li> </ul>   | ts cannot be accepted  |  |   |  |  |  |
| CONSEN of this sup  | •  | I conditions outlined in the ACh                                   | (NOWLEDGMENT on pages 16–19   |  |  |  |
|   | Please write, DC   | NOT PRINT, the following   | g statement.  |  |  |  |
| conditions set www.gace.ets payment of fee person whose GaPSC may c   | forth in the 2019-20 GACE a.org, specifically those coles, reporting of scores, and name and address appear ollect my photograph and | d the confidentiality of test questron this form. I understand and | the ETS GACE website at ticipation, the test administration, stions. I certify that I am the d agree that ETS and the ation regarding my identification |  |  |  |
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