

8. Identify the specific disability for which you are requesting alternative testing arrangements.

9. List the specific alternative testing arrangement(s) that you are requesting.

10. **Documentation** (check one of the following):

I am requesting an alternative testing arrangement listed below because of a disability. (Medical documentation is not required for the following accommodations.)

- ❖ Allowance of a medical device in the testing room
- ❖ Use of a trackball mouse
- ❖ Adjustable table

I am requesting alternative testing arrangements other than those listed above because of a physical disability (e.g., visual impairment). Therefore, I have enclosed documentation, if required, as indicated in "Request Alternative Testing Arrangements."

I am requesting alternative testing arrangements because of a disability other than physical (e.g., learning disability). Therefore, I have enclosed documentation, if required, as indicated in "Request Alternative Testing Arrangements."

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

I have not previously been granted alternative testing arrangements for the CSET®.

For a previous administration of the CSET, I was granted the same alternative testing arrangements as I am currently requesting. Please indicate the most recent test date: _____

For a previous administration of the CSET, I was granted different alternative testing arrangements from those that I am currently requesting. Please explain and include the test date:

12. I hereby agree to abide by the conditions set forth on the current program website, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form for Computer-Based Testing, any required documentation as noted on the website. I understand that the information I provide, including any supporting documentation, may be shared with the CTC in order to process my request. Because of space, staff, and time constraints, I may not be able to schedule a test appointment with accommodations in my preferred date range. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test(s) under alternative conditions.

Signature

Date

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