

Alternative Testing Arrangements Request Form for Computer-Based Testing

Mail to:
CSET Program
Evaluation Systems
Pearson
P.O. Box 340880
Sacramento, CA 95834-0880

Fax: (866) 483-6460 or (916) 928-6110

Attn: Director of Alternative Testing Arrangements

If you are submitting this form and your documentation by fax, please call (800) 205-3334 or (916) 928-4003 to confirm that all of your faxed materials have been received.

Before completing and submitting this form, please begin the registration process online at **www.ctcexams.nesinc.com**. After you register, mail or fax this form and your supporting documentation to Evaluation Systems. You will be contacted regarding the resolution of your request, usually within three weeks. Once your request has been resolved, you will be able to schedule your test appointment.

| 1. | Social Security Number | | | | | | | | | | | 2. | Cus | Customer Number | | | | | | | | | | | | | |
|----|---------------------------|---|------|--------|------|-------|-------|-------|-------|------|------|-------|-------|-----------------|--------|--------|--------|-------------------|---|------|----|---|-----|-----|----|---|---|
| | X | X | X | Х | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Nar | (found in your account at www.ctcexams.nesinc.c | | | | | | | | | | | | | | | com |) | | | | | | | | | |
| | | | | | | | | | | | | | | | | | 7 | | | | | | | | | | |
| | Last | Last | | | | | | | | | | | | | | | | Middle Initial | | | | | | | | | |
| 4. | Email Address | | | | | | | | | | | | | | | | nitiai | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Add | dres | S | | | | | | | | | | | | | | | | | | | | | | | | |
| - | | | Ť | | | | | | | | | | | | | | | | | | | Τ | Т | T | Т | Т | Т |
| | P.O. | Вох | or S | tree | t Ad | dres | S | 1 | | | | | | | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | T | | |
| | City | or 7 | Town | 1 | | | | | | | | | | | | • | | | | Stat | te | | ZIP | Coc | le | | |
| 6. | Telephone Numbers Daytime | | | | | | | | | | | | | Evening | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Are | ea C | ode | | | | | | | | | | Ar | ea C | ode | | | | | | | | _ | | | | |
| 7. | Tes | st(s) | /sub | otes | t(s) | for v | vhich | ı yol | ı are | regi | ster | ing (| see ' | 'Tes | ts" fo | or tes | st co | des) | : | | | | | | | | |
| | | | ode | | . , | | | | 'Subt | | | | | | | | | , | | | | | | | | | |
| | | | | 7 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | i i | - - | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | _ | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 for the following accommodations.) | below bed | ause of a disability. (Medical documentation is not required |
| | Allowance of a medical device in the testing room Use of a trackball mouse Adjustable table I am requesting alternative testing arrangements other timpairment). Therefore, I have enclosed documentation Arrangements." I am requesting alternative testing arrangements because I have enclosed documentation, if required, as indicated | than those In, if require | d, as indicated in "Request Alternative Testing sility other than physical (e.g., learning disability). Therefore, |
| 11. | Previous alternative testing arrangements (check on I have not previously been granted alternative testing arr ☐ For a previous administration of the CSET, I was granted Please indicate the most recent test date: ☐ For a previous administration of the CSET, I was granted currently requesting. Please explain and include the test | rangements I the same | for the CSET®. alternative testing arrangements as I am currently requesting. |
| | | | |
| 12. | I hereby agree to abide by the conditions set forth on the cand I certify that I am the person whose name and address submitted correct payment. I am submitting, together with Computer-Based Testing, any required documentation as rincluding any supporting documentation, may be shared wand time constraints, I may not be able to schedule a test a understand and agree that the alternative testing arrangement to the extent that, any such request is granted, I understand | s appear or n this comp noted on th ith the CTO appointmen nents I have | this form. I have completed my test registration and bleted Alternative Testing Arrangements Request Form for the website. I understand that the information I provide, in order to process my request. Because of space, staff, but with accommodations in my preferred date range. I requested herein will be given due consideration. If, and |
| | Signature | | Date |

Copyright © 2014 Pearson Education, Inc. or its affiliate(s). All rights reserved. Evaluation Systems, Pearson, P.O. Box 226, Amherst, MA 01004

California Subject Examinations for Teachers, CSET, and the CSET logo are trademarks of the Commission on Teacher Credentialing and Pearson Education, Inc. or its affiliate(s).

Pearson and its logo are trademarks, in the U.S. and/or other countries, of Pearson Education, Inc. or its affiliate(s).