ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM

Mail to: CTEL 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 (866) 851-3815 or (916) 928-4002 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: X X X X

2. Customer Number:
(found in your account at www.ctcexams.nesinc.com)

3. Name:
Last
First
Middle Initial

4. Email Address:

5. Address:
P.O. Box or Street Address
City or Town
State
ZIP Code

6. Telephone Numbers:
Daytime
Area Code
Evening
Area Code

7. Test(s) for which you are registering (check all that apply):

- ☐ CTEL 1: Language and Language Development
- ☐ CTEL 2: Assessment and Instruction
- ☐ CTEL 3: Culture and Inclusion

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

_____

_____

_____

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_____

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

_____

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_____

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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 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 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 CTEL® Examination.
- ☐ For a previous administration of the CTEL Examination, I was granted the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: _____)
- ☐ For a previous administration of the CTEL Examination, 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, 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. I understand that the deadline for submission of these materials is the regular registration deadline and that, because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated. 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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