

Part I — Applicant Information

Today's Date: _____ / _____ / _____
Month Day Year

| First Name | M.I. | Last Name |
|------------|------|-----------|
| | | |

[illegible][illegible][illegible][illegible]

| Gender | | | Date of Birth | | | U.S. Social Security Number | | | | | | | | | | | | | |
|--------|--|--|---------------|--|--|-----------------------------|--|--|-----|--|--|------|--|--|-----------------|--|--|--|--|
| Male | | | | | | Month | | | Day | | | Year | | | (last 4 digits) | | | | |

| Day Phone Number | Evening Phone Number |
|--|--|
| <div style="display: flex; border-bottom: 1px solid black;"> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="width: 10%; height: 20px;"></div> </div> | <div style="display: flex; border-bottom: 1px solid black;"> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="border-right: 1px solid black; width: 10%; height: 20px;"></div> <div style="width: 10%; height: 20px;"></div> </div> |

[illegible]

Test/assessment I am applying for: ☐ *Praxis* ☐ School Leadership Series

Testing Location (Please select): ☐ I intend to test at home ☐ I intend to test at a test center

Nature of your disability (check all that apply):

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Blind or legally blind | <input type="checkbox"/> | Physical (identify condition) |
| <input type="checkbox"/> | Low vision | | |
| <input type="checkbox"/> | Deaf | <input type="checkbox"/> | Psychiatric (identify condition) |
| <input type="checkbox"/> | Hard-of-hearing | | |
| <input type="checkbox"/> | ADD/ADHD | <input type="checkbox"/> | Medical condition (identify condition; must submit documentation) |
| <input type="checkbox"/> | Learning Disability | | |
| <input type="checkbox"/> | Traumatic Brain Injury | <input type="checkbox"/> | Other (identify condition; must submit documentation) |
| <input type="checkbox"/> | Autism Spectrum Disorder (e.g., Asperger) | | |

[illegible]

Other than testing accommodations, describe what strategies, devices or medications you ordinarily use to manage your condition (Optional):

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, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the Website, and 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 U.S. 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 ask you to provide your contact details, including email address, telephone and mobile phone details. 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 “Accept,” 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.¹

¹If you are a minor as determined by applicable law and living outside of the United States, to the extent required by applicable law, the person clicking “Accept” must be a parent or guardian.

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information (*continued*)

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

Verification Statement to Be Signed by Applicant

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations. I also understand that processing can take approximately four to six weeks from the time the application is complete. If additional information is requested, it may be approximately another two to four weeks from the time the new documentation is received until the review is complete. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting Part III — *Certification of Eligibility: Accommodations History* form, I acknowledge that my request for accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed it. I also understand that ETS does not waive its right to ask the person who completes Part III on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date.

I authorize any person completing Part III — *Certification of Eligibility: Accommodations History* form on my behalf to release this information to ETS upon ETS's request. For quality assurance, the *Certification of Eligibility: Accommodations History* form may be subject to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

I understand that ETS has contracted with an external panel of expert consultants with whom it may consult to augment its in-house expertise. By submitting my request for accommodations, I authorize and provide my consent to ETS to share my personal information as needed concerning this request.

Signature of Applicant

Today's Date

Keep a copy of this completed form for your records.

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

Part II — Accommodations Requested

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

Today's Date: ____ / ____ / ____
Month Day Year

Previously Approved Standardized Testing Accommodations

If you have been approved for testing accommodations by ETS which have not expired and your accommodations are identical to those you are requesting now, please check all tests completed and indicate the month and year:

Program: ☐ GACE® ☐ GRE® ☐ HiSET® ☐ ParaPro ☐ Praxis®
☐ School Leadership Series ☐ TOEFL®

Previous test date(s) (month/year): _____

Have you received testing accommodations on another standardized test such as the ACT, SAT, GMAT, LSAT and/or MCAT, etc.?

- ☐ Yes
☐ No

If you checked "Yes" above, please submit a copy of your approval letter(s) from the appropriate agency(ies) which details the accommodations that were granted and respond to the next question.

Are you still experiencing the functional limitations caused by the disability(ies) for which testing accommodations were previously approved on another standardized test?

- ☐ Yes
☐ No

(continued on next page)

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

Part II — Accommodations Requested (*continued*)

REQUESTED ACCOMMODATIONS (Check all that apply)

Extended Testing Time (**NOTE:** All tests are timed; if you are requesting more than 50 percent extended test time, you must submit disability documentation or verification of approval of the same accommodations from another standardized testing agency directly to ETS for review.)

- ☐ 25 percent (time and one-quarter) ☐ 50 percent (time and one-half) ☐ 100 percent (double time)

Extra Breaks. Breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

- ☐ Yes

Accommodations for Computer-delivered Tests

- ☐ Screen magnification
☐ Selectable background and foreground colors
☐ JAWS screen reader (only for applicants who are blind or have low vision)

Alternate Test Formats

- ☐ Braille (only for applicants who are blind or have low vision)
☐ Large-print test book
☐ Large-print answer sheet
☐ Audio recording¹

(continued on next page)

¹ For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

Part II — Accommodations Requested (continued)

(Please Print)

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

1. _____
2. _____
3. _____
4. _____
5. _____

Part III — Certification of Eligibility: Accommodations History

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

- 19

PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

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

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY

The COE can be used in lieu of documentation or as verification of the accommodations used in a postsecondary setting. The authorized professional should initial each of the documentation criteria listed below. Please clearly write your initials for each item.

Does the candidate's documentation...

| 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)? |

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

Provide the following information regarding the disability documentation on file:

- 21

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

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

F. Has the applicant used these accommodations for at least one semester or four months?

_____yes _____no

G. Where has the applicant used the accommodations?

- ☐ College/University
☐ Place of Employment
☐ Other (indicate): _____

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 that I have reviewed the Educational Testing Service (ETS) Disability Documentation Guidelines, and that 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 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 is not in line with ETS's Disability Documentation Guidelines, ETS will withhold or cancel the applicant's score(s).

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

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

Authorized Professional's Verification Statement

To be signed by an authorized person in the Office of Accessibility/Disability Services, a Human Resources counselor at place of employment or a Vocational Rehabilitation counselor. **NOTE: The evaluator who diagnosed or is treating the individual cannot complete this form.**

Signature of Authorized Professional

Today's Date

Print Name _____

| Title |
|-------|
|-------|

Name of Institution/Agency/Place of Employment

| | |
|-----------|-------|
| Telephone | Fax # |
|-----------|-------|

Email Address

Attach Business Card Here