



ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM for Computer-Based Testing

**Mail to: MTLE Program
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004**

If you are submitting this form and your documentation by fax, please call (800) 557-3759 or (413) 256-2887 to confirm that all of your faxed materials have been received.

Fax: (413) 256-7075

Attn: Alternative Arrangements Coordinator

Please submit this form and all required documentation as soon as possible. You will not be able to schedule a test appointment with accommodation(s) until your request has been reviewed and resolved.

Before completing and submitting this form, please begin the registration process online at the MTLE Web site. 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, and will then be able to schedule your test appointment.

1. Name

Last

First

Middle Initial

2. Address

P.O. Box or Street Address

City or Town

State

ZIP Code

3. Social Security Number

4. Date of Birth

Month Day Year

5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

6. Test center preference:

Please refer to www.pearsonvue.com/mtle for available locations and specify location below:

7. Subtest(s) for which you registered:

8. For Individuals for Whom English Is Not a Primary Language

Check here if you are indicating a request for an extension of testing time, up to one-and-a-half times the standard testing session. By doing so you certify that the basis of your request is the fact that English is not your primary language. Note: this extension is not offered for tests in languages other than English.

You must enclose documentation supporting your request that certifies that English is not your primary language. The documentation should be

- in the form of a statement by an authorized representative of your institution of higher education (e.g., Bilingual Program Coordinator, Dean) who is able to certify that English is not your primary language;
- presented on official institution letterhead; and
- signed by the authorized individual, including his or her printed name and position.

Proceed to section 12 of this form if this is your only request.

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

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

11. Documentation (check one of the following):

- I am requesting one of the alternative testing arrangements listed below because of a disability. Medical documentation is not required for the following accommodations:
 - Allowance of a medical device (e.g., inhaler) in the testing room
 - Use of a trackball mouse
 - Adjustable table
- I am requesting alternative testing arrangements other than those listed above. Therefore, I have enclosed documentation, if required, as indicated on the current MTLE Web site.

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

- I have not previously been granted alternative testing arrangements for the MTLE.
- For a previous administration of the MTLE, 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 MTLE, I was granted different alternative testing arrangements from those that I am currently requesting. Please explain and include the test date:

13. I have read the current MTLE Web site and hereby agree to abide by the conditions set forth, 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 at the MTLE Web site. I understand that the information I provide, including any supporting documentation, may be shared with the BOT in order to process my request. I understand that I should submit my request and all necessary documentation as early as possible in advance of my desired test date. 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 accommodation 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 under alternative conditions.

Signature

Date