



# ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM FOR PAPER-BASED TESTING

**Mail to: Illinois Certification Testing System  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004-9000**

The deadline for submission of requests and all necessary documentation for alternative testing arrangements is the regular registration deadline. Because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated.

**If you mail your request using an express mail service, please use this address:**

**300 Venture Way  
Hadley, MA 01035**

**Telephone: (413) 256-2870  
Fax number: (413) 256-7087**

**Attn: Alternative Arrangements Coordinator**

If you are submitting this form and your documentation by fax, please call (800) 239-8107 or (413) 256-2870 to confirm that all of your faxed materials have been received.

**1. Name**

Last	First	Middle Initial

**2. Address**     Check here if address is different from address on original registration.

PO. Box or Street Address
City or Town

State	ZIP Code		

**3. Social Security Number**

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**4. Date of Birth**

Month	Day	Year		

**5. Telephone Numbers**

Area Code									

Area Code									

**6. Test date for which you are registering (check one):**

<input type="checkbox"/> September 12, 2009	<input type="checkbox"/> November 14, 2009	<input type="checkbox"/> January 9, 2010 (supplemental Basic Skills and APT test administration)
<input type="checkbox"/> February 13, 2010	<input type="checkbox"/> April 17, 2010	<input type="checkbox"/> June 5, 2010
		<input type="checkbox"/> July 17, 2010

**7. Test area for which you are registering (see "Test Sites for Paper-Based Testing"):**

	Area _____
Code	

**8. Test(s) for which you are registering (see "Test Selection for Paper-Based Testing" for the correct test code[s]):**

Test Code		Test Name _____
Test Code		Test Name _____
Test Code		Test Name _____
Test Code		Test Name _____

9.  Check here if you are requesting a **Sunday administration** because you are unable to take the test at the regularly scheduled Saturday administration due to your religious practices. If this is your first request, you must enclose documentation from your clergy stating that your religious practices **prohibit Saturday testing**. (Proceed to section 13 of this form if an alternative test date is your only request.)

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

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

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

- I am requesting one of the alternative testing arrangements listed below because of a disability. Documentation is not required for the following accommodations:
- ❖ Wheelchair-accessible facilities
  - ❖ Frequent breaks (e.g., for those with hypoglycemia or diabetes)
  - ❖ Use of a magnifying glass, color overlays, or a straightedge (e.g., for those with a visual impairment)
  - ❖ Use of a pen for a written assignment (e.g., for those with a motor impairment)
  - ❖ Written copy of the oral directions (e.g., for those with a hearing impairment)
- I am requesting alternative testing arrangements other than those listed above. Therefore, I have enclosed documentation, if required, as indicated in "Registering for Alternative Testing Arrangements."

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

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

14. I have read the 2009–2010 ICTS Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, 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 Paper-Based Testing, any required documentation as noted in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the Illinois State Board of Education in order to process my request. I understand that the deadline for submission of requests and all necessary documentation for alternative testing arrangements 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