



ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM FOR COMPUTER-BASED TESTING

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

Please submit this form and all necessary 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.

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.

Before completing and submitting this form, please begin the registration process online at the ICTS Web site, www.icts.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, 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

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4. Date of Birth

Month			Day		Year				

5. Telephone Numbers Daytime

Area Code																				

Evening

Area Code																				

6. Test center preference (check one):

- | | |
|---|--|
| <input type="checkbox"/> Chicago (Financial District) | <input type="checkbox"/> Schaumburg (Chicago NW) |
| <input type="checkbox"/> Chicago (Wacker Drive) | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Marion | <input type="checkbox"/> Out of state (please refer to www.personvue.com/icts for available locations and specify location below): |
| <input type="checkbox"/> Peoria | |
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7. Identify the disability for which you are requesting alternative testing arrangements.

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

9. **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:
 - ❖ 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. Therefore, I have enclosed documentation, if required, as indicated in "Registering for Alternative Testing Arrangements."

10. **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: _____

_____)

11. 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 Computer-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 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 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 under alternative conditions.

Signature

Date