



TEST
ASSESSING
SECONDARY
COMPLETION™

Special Testing Accommodations Request Form

TASC – Test Assessing Secondary Completion™

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APPLICATION INTRODUCTION

Data Recognition Corporation | CTB supports the intent of the ADA Amendments Act of 2008 and is committed to supporting access to the TASC Test Assessing Secondary Completion™ for individuals with disabilities.

In order to apply for TASC Special Testing Accommodations, this request form should be completed by the TASC test examinee (with the support of an Advocate, if desired). In addition, a portion of the form will need to be completed by a licensed professional Evaluator unless documentation of the need for the requested accommodation is available either in the form of a valid IEP or 504 plan (or private school equivalent), or via proof of prior approval to use the requested accommodation in an educational or standardized testing environment.

Prior to submitting the application, the examinee should deliver the completed form to the TASC Test Coordinator at the testing center where the examinee will test. The testing center will review the form and verify it is complete. Once verified, the examinee, with help from the testing center if needed, should submit the form to the DRC | CTB Accommodations Administrator for review and approval.

The following additional important documents, available on the TASC Test website at www.TASCTest.com, should be used by the examinee, Advocate, and/or Evaluator when preparing the request form for submission:

- *Overview of TASC Test Accommodations*
- *TASC Test Allowable Resources*
- *TASC Test Prior Notification Form*
- *TASC Special Testing Accommodations Descriptions*
- *Examinee Guidelines for Requesting TASC Special Testing Accommodations*
- *Evaluator Guidelines for Requesting TASC Special Testing Accommodations*
- *TASC Special Testing Accommodations Approval Criteria*

This request form has five sections. Sections 1 through 4 must be completed prior to the request being sent to the DRC | CTB Accommodations Administrator for review.

Section	Is Completed by the . . .
1	Examinee (with support from an Advocate, if desired)
2	Evaluator, a licensed professional who can diagnose the examinee’s disability and recommend appropriate accommodations If the examinee is submitting an IEP or 504 plan (or private school equivalent), or if the examinee is submitting proof of prior approval to use the requested accommodation, then the examinee or examinee’s Advocate may complete Section 2 in lieu of an Evaluator.
3	Evaluator (Note: If the examinee is submitting an IEP or 504 plan, or if the examinee is submitting proof of prior approval to use the requested accommodation, then this section may be left blank.)
4	TASC Test Coordinator at the examinee’s local test center
5	DRC CTB Accommodations Administrator

INTRODUCTION (CONTINUED)

Section 1 – The examinee and/or examinee’s Advocate completes Section 1 of this Special Testing Accommodations Request Form. If an Advocate assists with the application, then Section 1.3 must also be completed. If an Advocate does not assist, then Section 1.3 should be left blank.

If the examinee is submitting alternate documentation in lieu of an Evaluator’s report, e.g., an IEP or 504 Plan (or private school equivalent), or proof of prior approval to use the requested accommodation(s) in an academic or standardized testing situation, then Section 1.4 must be completed. If alternate documentation is not being submitted, then Section 1.4 should be left blank.

Section 2 – If the examinee has a valid IEP or 504 Plan (or private school equivalent), or if the examinee has proof of prior approval to use the requested accommodation(s), then the examinee can submit this documentation as an alternative to submission of an Evaluator’s report. If the examinee submits this alternate documentation, then the examinee or examinee’s Advocate should complete Section 2 and attach the alternate documentation.

If the examinee does not have alternate documentation, then a licensed professional Evaluator must complete Section 2.

Section 3 – If the examinee is submitting alternate documentation (as discussed in relation to Sections 1 and 2 above), then Section 3 should be left blank. If not, the Evaluator completes Section 3 and provides supporting documentation, an *Evaluation Report*, that briefly describes the diagnostic assessment that was completed and the results. The report must be on the licensed professional Evaluator’s letterhead.

Section 4 – The examinee provides the request form and supporting documentation to the TASC Test Coordinator at the examinee’s local testing center. The TASC Test Coordinator and examinee review Sections 1 through 3 of the request form for completeness. When Sections 1 through 3 are deemed complete, the TASC Test Coordinator completes Section 4.

Section 5 – The examinee sends the request form and supporting documentation, e.g., the IEP, 504 Plan, proof of prior approval to use the accommodation(s) in an academic or standardized testing situation, or the licensed professional Evaluator’s evaluation report, to the DRC | CTB Accommodations Administrator for review.

The DRC | CTB Accommodations Administrator reviews the request form, makes an approval decision, and mails the decision letter to the examinee and local testing center.

If the requested accommodations are approved, the examinee should schedule use of the accommodations for his or her testing with the local testing center.

After the request form has been submitted to the TASC Test Accommodations Administrator, the examinee can email TASCTest_Helpdesk@ctb.com or call 888-282-0589 between 7:30 a.m. and 8:00 p.m. Eastern Standard Time Monday through Friday for questions about the status of a request.

Examinees eligible for testing accommodations may choose to waive their rights and decline the application process and testing accommodations if desired.

SECTION ONE

To be completed by the Examinee (or Examinee's Advocate)

This section must be completed.

1.1 Examinee Information (This section must be completed)

Name: _____
Last *First* *Middle*

Date of Birth: _____ Age: _____

Address: _____
Number and Street Name or P.O. Box *Apt. #*

City: _____

State: _____ Zip: _____

Phone: _____

Email Address (if available): _____

1.2 Release of Information -- This section must be completed

- I have submitted education, medical, and/or psychological records needed to justify approval of the testing accommodations for which I have applied. I understand that the document(s) will be reviewed by testing accommodations administrators at DRC | CTB, the test center, and potentially the state education department. The records will be kept confidential, however, if an inquiry is made into the status of my application, I grant permission for DRC | CTB to provide such status to individuals named in this document (i.e., myself, my parent or Advocate, if applicable, DRC | CTB or state department accommodations administrators, or the test center).

Examinee's Signature: _____

Date: _____

If the examinee is under 18, a parent or guardian must provide the following information.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

SECTION ONE (CONTINUED)

1.3 Examinee Advocate Information (if applicable)

The examinee may have an Advocate to support the request. An Advocate is someone other than the professional Evaluator, such as a parent or teacher, who helps the examinee complete and submit this form. If you are the Advocate, please provide the information below.

Name of Advocate: _____
Last *First*

Relationship to Examinee: _____

Address: _____
Number and Street Name or P.O. Box *Apt. #*

City: _____ State: _____ Zip: _____

Phone: _____ Email Address (if available): _____

Advocate's Signature: _____ Date: _____

1.4 Alternate Documentation

To be completed if the examinee is submitting an IEP or 504 Plan (or private school equivalent), or if the examinee is submitting documentation showing that the examinee has previously received approval to use the requested accommodation(s) in an academic or standardized testing environment

If the examinee has an IEP or 504 Plan (or private school equivalent) or proof of prior approval to use the requested accommodation(s) in an academic or standardized testing environment, then the examinee may submit one or more of these documents in lieu of a licensed professional Evaluator's diagnostic evaluation report. One (1) document only is required for each accommodation requested. This alternate documentation must, however, meet the criteria below:

- The most recent version of the documentation must be submitted.
- The examinee's disability must be clearly indicated (and underlined) in the copy of the documentation that is submitted.
- Each testing accommodation requested in Section 2.4 of this Special Testing Accommodations Request Form must be clearly cross-referenced to a testing accommodation that is indicated (underlined) in the copy of the documentation submitted. The relevant page and paragraph number corresponding to each accommodation should be clearly cited in Section 2.2.

If the examinee's documentation meets these criteria and the examinee chooses to submit the documentation in lieu of a licensed professional Evaluator's report, then the examinee or examinee's Advocate should 1) attach a photocopy of the most recent version of the documentation to this application, 2) underline the disability and requested accommodations, and 3) complete Section 2 of this request form.

SECTION TWO

To be completed by the Evaluator (or by the examinee/Advocate if alternate documentation is submitted per Section 1.4). **This section must be completed.**

2.1 Examinee Disability Category

Disability¹ Category of Examinee (*mark one or more*):

- Attention Deficit Hyperactivity Disorder
- Emotional, Psychological, or Psychiatric Disorder
- Learning, Cognitive, or Intellectual Disability
- Physical Disability or Chronic Health Disability
- Sensory Disability

2.2 Justification for Requested Accommodations

Provide a justification for *each* testing accommodation requested in Section 2.4. If alternate documentation (per Section 1.4) is being submitted in lieu of an Evaluator's report, cite the relevant page and paragraph number.

Accommodation	Justification/Reason for Need	Pg., Para. ²
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.3 "Other" Accommodations Not Listed in Section 2.4

If "Other" has been selected in Section 2.4 on the following page, provide detailed instructions about the accommodation, how the accommodation should be implemented, and any materials or equipment that might be needed in conjunction with the accommodation.

¹ In situations where an individual is thought to have two or more diagnoses, such as a learning disability and a visual impairment or a psychiatric disorder and Attention Deficit Hyperactivity Disorder, the diagnostic report or alternate documentation must clearly describe the unique impact of each condition and documentation requirements for each diagnosis must be met.

² Provide this information if alternate documentation (per Section 1.4) is submitted.

SECTION TWO (CONTINUED)

2.4 Specific Accommodations Requested -- This section must be completed.

Check (✓) the format of the test to be taken (computer-based or paper-based) and each applicable box in the grid below to indicate the accommodations requested for each subject-area test. For subtests with no required accommodations (including subtests not being taken) mark the appropriate box in the last row, labeled “None Requested.”

Format of subtests (*check one*): Paper-Based Test (PBT) _____ Computer-Based Test (CBT) _____

Accommodation Category	Accommodation Details	Availability by Test Format		Reading	Writing	Math Part 1 ⁴	Math Part 2	Science ⁴	Social Studies
		PBT ³	CBT ³						
Audio/Alternate Presentation	Audio CD	YES							
	Screen Reader		YES						
Breaks	Supervised Breaks	YES	YES						
	Multiple Sessions	YES							
Calculator ⁵	Calculator Memory Function	YES	YES	N/A	N/A		N/A		N/A
	Talking Calculator	YES	YES	N/A	N/A		N/A		N/A
	Abacus	YES	YES	N/A	N/A		N/A		N/A
Duration	1.25x Testing Time	YES							
	1.50x Testing Time	YES	YES						
	2x Testing Time	YES							
Physical Support	Preferential Seating Location	YES	YES						
	Adaptive Equipment	YES							
	Adaptive Furniture	YES	YES						
Scribe	Point or Dictate Answers	YES							
Technology Device	Technology-Assisted Writing	YES							
Separate Room		YES	YES						
Small Group Setting		YES	YES						
Other (Specify)									
None Requested		YES	YES						

³ PBT denotes Paper-Based Test; CBT denotes Computer-Based Test.

⁴ Scientific calculators are permitted for all examinees taking the Math (Part 1) and Science subtests.

⁵ Calculators are not needed for the Reading, Writing, or Social Studies subtests; if a calculator of any kind is requested for Math (Part 2), the “Other” category should be checked and appropriate justification provided.

SECTION THREE

To be completed by the Evaluator (if applicable)

If the examinee is submitting alternate documentation (as described in Section 1.4) rather than an Evaluator's Report, then this section may be left blank. This section provides documentation regarding the examinee's diagnosed disability and need for special testing accommodations. This section must be completed by a qualified professional. Please review the Evaluator Guidelines for Requesting TASC Special Testing Accommodations before completing this section of the request form.

3.1 Professional Evaluator Information

Name of Professional Evaluator: _____

Area of Specialization: _____

Highest Degree: _____

License/Certification Number: _____

License/Certification Expiration Date: _____

Issuing State: _____

Phone Number: _____

Email Address: _____

Diagnosing Professional's Signature and Affirmation: _____

Comments: _____

I affirm that the information I have provided in conjunction with this application is complete, accurate, and reflects my professional evaluation.

Evaluator's Signature: _____ Date Signed: _____

SECTION THREE (CONTINUED)

3.2 Documentation Regarding the Examinee's Need for Accommodations

If the examinee is submitting alternate documentation (as described in Section 1.4) rather than an Evaluator's Report, then this section may be left blank.

Review TASC Special Testing Accommodations Approval Criteria at www.TASCTest.com before completing this section. A diagnostic Evaluation Report must accompany this request form. The Evaluation Report is described in the Evaluator Guidelines for Requesting Special Testing Accommodations.

1. **Accommodation:** Describe how the testing accommodation(s) that you recommend for the examinee mitigate the effects of the disability. Address each specific subject-area test accommodation requested in Section 2.4. Note: If you marked "Other," please provide additional details in Section 2.3.

2. **Diagnosis:**

Specific Diagnostic Classification <i>Record the Specific Disability Label(s)</i>	DSM 5 Code(s)⁶

3. **Date:** Indicate the month/day/year when the diagnostic evaluation was completed. _____
Month/Day/Year

4. **Measures:** Summarize the key objective measures used in the evaluation.

⁶ Provide DSM 5 code if applicable.

SECTION THREE (CONTINUED)

5. **Level:** Briefly describe the level of the disability.

6. **Effect:** Briefly describe the effect of the disability as it relates to the examinee's performance on a paper-based or computer-based academic assessment.

SECTION FOUR

This section must be completed by the TASC Test Coordinator

4.1 Test Coordinator Information

- I have verified that all required sections of this application have been completed as indicated in the instructions on this form and in the Examinee and Evaluator Guidelines. This application is ready to be evaluated by the TASC Test Accommodations Administrator.

Test Coordinator Name: _____

Test Center Name: _____

Test Center ID: _____

Test Center Address: _____
Number and Street Name or P.O. Box *Rm #*

City: _____ State: _____ Zip: _____

Phone: _____ Email Address (if available): _____

Test Coordinator's Signature: _____ Date: _____

When Sections 1 through 4 are complete, email, fax, or mail this request form and supporting documentation to:

Data Recognition Corporation | CTB
Attn: TASC Test Accommodations Administrator
c/o Customer Service Department
6901 N. Michigan Road
Indianapolis, IN 46268

Email: TASCTest_Helpdesk@ctb.com
Toll-free Telephone: 888-282-0589
Toll-free FAX: 877-800-9389

SECTION FIVE

This section is completed by the TASC Test Accommodations Administrator.

5.1 Special Testing Accommodations Approval Criteria

Applicable for Alternate Documentation Submission: Yes _____ No _____

1. The examinee's disability is clearly indicated in the documentation.	<input type="radio"/> Yes <input type="radio"/> No
2. Each accommodation requested in Section 2.4 of the request form has a justification cited in Section 2.2 and is cross-referenced (per Section 1.4) to a corresponding accommodation that is indicated in the alternate documentation.	<input type="radio"/> Yes <input type="radio"/> No
3. "Other" accommodations requested in Section 2.4 of the request form are clearly/completely specified/described in Section 2.3 of the request form.	<input type="radio"/> Yes <input type="radio"/> No
4. All required signatures are provided and dated.	<input type="radio"/> Yes <input type="radio"/> No

Applicable for Evaluation Report Submission: Yes _____ No _____

1. The Evaluator's credentials document appropriate qualifications.	<input type="radio"/> Yes <input type="radio"/> No
2. An appropriate evaluation was conducted.	<input type="radio"/> Yes <input type="radio"/> No
3. The examinee's disability is identified and the evaluation report is included.	<input type="radio"/> Yes <input type="radio"/> No
4. The level of the disability and its impact on test performance are documented.	<input type="radio"/> Yes <input type="radio"/> No
5. Recommended testing accommodations are clearly described.	<input type="radio"/> Yes <input type="radio"/> No
6. A justification for each testing accommodation has been provided.	<input type="radio"/> Yes <input type="radio"/> No
7. All required signatures are provided and dated.	<input type="radio"/> Yes <input type="radio"/> No

5.2 Special Testing Accommodations Approval Decision (mark one):

<input type="radio"/>	Yes , the request meets the required standards and requested accommodations are approved.
<input type="radio"/>	Approval is pending. Additional information is required. See comments below for details.
<input type="radio"/>	No , the request does not meet required standards and is not approved. See comments below for details that must be addressed prior to resubmission.

Comments about Decision: _____

Accommodations Administrator's ID: _____ Initials: _____ Date: _____

Email: _____ Phone: _____

Special Testing
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