



10. 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:
  - Wheelchair-accessible facilities
  - Frequent breaks (e.g., for those with hypoglycemia or diabetes)
- I am requesting alternative testing arrangements other than those listed above because of a physical disability (e.g., visual impairment). Therefore, I have enclosed documentation as indicated in "Alternative Testing Arrangements" on the THEA IBT Web site.
- I am requesting alternative testing arrangements because of a disability other than physical (e.g., learning disability). Therefore, I have enclosed documentation as indicated in "Alternative Testing Arrangements" on the THEA IBT Web site.

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

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

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12. I have completed the registration process for the THEA Internet-Based Test and agree to abide by the conditions set forth on the THEA IBT Web site, including the Rules of Test Participation for the THEA IBT, and I certify that I am the person whose name and address appear on this form. I am submitting, together with this completed Alternative Testing Arrangements Request Form for THEA IBT, any required documentation as noted. 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