

ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM FOR THEA IBT

Mail to: THEA Program
Evaluation Systems

Pearson P.O. Box 660

Amherst, MA 01004

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

300 Venture Way Hadley, MA 01035 (866) 565-4879

If you fax your request, please use this number: (413) 256-7075

Attn: Alternative Arrangements Coordinator

If you are submitting this form and your documentation by fax, please call (866) 565-4879 to confirm that all of your faxed materials have been received.

I.	ast Four Digits of Your Social Security Number:	
2.	ame:	
	sst First Middle	9
_	Initial	
3.	ddress: Check here if address is different from address on original registration.	_
		_
	ost Office Box or Street Address and Apartment Number	
	ity or Town State ZIP Code	
4.	elephone Numbers: Daytime Evening	
	Area Code Area Code	
	Area Code Area Code	
5.	mail Address:	
6	est date: You will schedule your appointment once your request for alternative arrangements has been resolved.	
0.	ist date. Tou will schedule your appointment office your request for alternative arrangements has been resolved.	
7.	dicate the test center that you are requesting:	
8.	entify the disability for which you are requesting alternative testing rangements. 9. List the specific alternative testing arrangement(s) that you are requesting.	
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10.	Doc	umentation (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.		
н.	Prev	ious 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:		
12	We form	tive completed the registration process for the THEA Internet-Based Test and agree to abide by the conditions set forth on the THEA IBT b 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 m. I am submitting, together with this completed Alternative Testing Arrangements Request Form for THEA IBT, any required documentation 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.				
	Sign	nature Date		