



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Documentation (check one of the following):

- I am requesting an alternative testing arrangement 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)
  - ◆ 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 because of a physical disability (e.g., visual impairment). Therefore, I have enclosed documentation as indicated in "Registering for Alternative Testing Arrangements."
- 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 "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 AEPA.
- I was granted for a previous administration of the AEPA the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: \_\_\_\_\_)
- I was granted for a previous administration of the AEPA different alternative testing arrangements from those that I am currently requesting. Please explain and include the test date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. I have read the 2009–2010 AEPA® 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, any required documentation as noted in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the ADE 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. 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