



FTCE/FELE ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM

Mail to:

FTCE/FELE Customer Service
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9018

IMPORTANT INFORMATION

Please submit this form and all required documentation as soon as possible. You will not be able to complete the registration process until your documentation has been reviewed and your request approved. Remember to enclose all required documentation—see section 11 of this form.

For overnight delivery:

FTCE/FELE Customer Service
Evaluation Systems
Pearson
300 Venture Way
Hadley, MA 01035-9676
(866) 613-3281 (toll free)
(413) 256-2893

Fax number: (413) 256-7075

Attn: Alternative Arrangements Coordinator

If you are submitting this form and your documentation by fax, please call (866) 613-3281 (toll free) or (413) 256-2893 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 FTCE/FELE contractor website, www.fl.nesinc.com. As part of the registration process, be sure to indicate when you are asked that you intend to request alternative testing arrangements. When your request has been received and reviewed, FTCE/FELE Customer Service will contact you to complete your registration.

1. Name

Last

First

Middle Initial

2. Address

Post Office Box or Street Address

City or Town

State

ZIP Code

3. Social Security Number (last five digits)

4. FTCE/FELE ID Number

5. Telephone Numbers

Daytime

Evening

6. Test Center Preference

First choice

Second choice



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7. Test for which you are registering (choose only one)

General Knowledge

Subject Area Examination

_____ Test Name

Professional Education

FELE

8. Identify the disability for which you require alternative testing arrangements.

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

10. Previous alternative testing arrangements (choose one of the following):

I have not previously been granted alternative testing arrangements for the FTCE/FELE.

I was granted for a previous administration of the FTCE/FELE the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: _____. If within the past three years, you do not need to resubmit documentation at this time.)

I was granted for a previous administration of the FTCE/FELE different alternative testing arrangements from those which I am currently requesting. (Please explain and include the test date.)

11. Documentation

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

Screen magnifier

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 "Requesting Alternative Testing Arrangements."

12. I have had an adequate opportunity to review, to my satisfaction, the FTCE/FELE website and hereby agree to abide by the conditions set forth on the website 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, any required documentation as noted on the website. I understand that the information I provide, including any supporting documentation, may be shared with the DOE in order to process my request. 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 (Please print and sign.)

Date