



# Guide for test takers with disabilities





# Table of contents

<b>Requesting a non-standard test accommodation.....</b>	<b>4</b>
Minor accommodations .....	4
Submitting requests.....	4
Confirmation of approved accommodations .....	4
Scoring and reporting .....	4
<b>Request for nonstandard testing accommodations.....</b>	<b>5</b>
PART I — APPLICANT INFORMATION .....	6
Verification Statement to be Signed by Applicant .....	7
PART II — TESTING ACCOMMODATIONS REQUESTED .....	8
PART III — ETS DOCUMENTATION CRITERIA.....	9

This publication contains instructions for requesting nonstandard testing accommodations for the following test brands: TOEIC® Tests and TOEIC Bridge® Tests. It should be used in conjunction with the information provided in the appropriate *Examinee Handbook*.

## Customer service

The information provided in this publication and in the program's *Examinee Handbook* should answer any questions about the TOEIC or TOEIC Bridge test brands. The policies regarding testing accommodations can be found by clicking on the "Disabilities" tab on each program's website.

Examinee handbooks can be obtained from the local ETS Preferred Network Member (EPN) or by visiting the program's website. A list of EPNs can be found on the web at [http://www.ets.org/eptn\\_directory](http://www.ets.org/eptn_directory).

# Requesting a non-standard test accommodation

All requests for non-standard test accommodations should be submitted at least six (6) weeks prior to the requested test date. Test takers should submit their request for a non-standard test accommodation to their local ETS Preferred Network (EPN) member using the request form contained in this Guide.

Standby or walk-in test registrations are not available for any test taker who requires a non-standard testing accommodation.

All requests for non-standard testing accommodations must be approved BEFORE a test registration can be finalized. A test taker may include the preferred test date on their request form but their test registration will not be finalized until the local EPN member has approved their accommodation request. The reason for this is to ensure that the local EPN member will be able to provide the necessary staff and/or test materials to support the requested accommodation on the requested test date.

If a test taker has received approval from a local EPN member within the last two (2) years and if that test taker's supporting documentation is still current, then the test taker should include the previous accommodation approval information on their request form. This information should include the date of the previous test and the name of the EPN member who conducted the test administration.

To the extent allowable by local laws, test takers should provide the local EPN member with sufficient documentation to allow the EPN member to fairly evaluate the test taker's accommodation request.

Test takers must indicate on the request form if they are registering for a paper-based test or a computer-delivered test. This information is important because of the different accommodations that can be offered depending on the method of test delivery.

## Minor accommodations

Minor accommodations may include, but are not limited to, special lighting, an adjustable table or chair, and/or rest breaks for medication or snacks. Examples of documented medical conditions include diabetes, epilepsy, or chronic pain. Test takers must complete Part I (Applicant Information) and Part II (Testing Accommodations Requested) of the request form. If allowable by local laws, test takers should provide a letter of support from a doctor or qualified professional stating the nature of the condition and the type of testing accommodation recommended.

## Submitting requests

Test takers must submit a completed accommodation request form to the local EPN member responsible for conducting the test.

## Confirmation of approved accommodations

Once a request for a non-standard test accommodation is approved, the local EPN member is responsible for notifying the test taker in writing (letter or email) confirming the approved accommodation(s). The local EPN member will notify the test taker of the approved testing date and location. If the local EPN member is not able to arrange for the requested accommodations on the test date originally requested by the test taker, then the local EPN member will work with the test taker to arrange an alternate test administration date.

## Scoring and reporting

In most cases, score reports will provide no indication that a test taker was provided with a non-standard testing accommodation. If a testing accommodation significantly alters the standard test administration (e.g., omission of the Listening portion of a Listening and Reading test) a statement may be included with the score report indicating that the test was taken under nonstandard testing conditions. Score reports will not indicate the nature of a disability or describe the accommodation(s) given.

## Request for nonstandard testing accommodations

**INSTRUCTIONS:** Send all required items to local EPN member.

What to send	Who should send it
<b>1</b> <b>Completed registration form and fee</b>	ALL applicants
<b>2</b> <b>Part I—Applicant Information</b>	ALL applicants
<b>3</b> <b>Part II—Testing Accommodations Requested</b>	ALL applicants
<b>4</b> <b>Part III—Disability Documentation</b>	ALL applicants, <b>unless registering for previously approved accommodations (approved within the last two [2] years).</b>
<p>Submit your documentation, including your history of testing accommodations with Parts I and II, to the local EPN member. The local EPN member will review the documentation and determine if it supports the requested accommodations. (FOR United States Test Takers: an Individualized Education Program (IEP) or 504 Plan alone are not sufficient documentation.)</p>	
<p>If you have questions about documentation recommended to support accommodation requests for a specific disability, please refer to the ETS Guidelines located at: <a href="https://www.ets.org/disabilities/documentation.html">https://www.ets.org/disabilities/documentation.html</a></p>	

### Request for nonstandard testing accommodations (continued)

**PART 1: INSTRUCTIONS:** All applicants must complete this section and sign the Applicant's Verification Statement that follows.

## PART I — APPLICANT INFORMATION

**Applicant's Name (please print—leave a blank box between names)**

[illegible]**Mailing Address**[illegible]

Country

Registration Number (if provided by EPA)

--	--

## Gender

**Date of Birth**

Male		Female		Month		Day		Year	
------	--	--------	--	-------	--	-----	--	------	--

**Day Phone Number (Voice/TTY)****Evening Phone Number (Voice/TTY)**[illegible][illegible]

(Include country/area code)

(Include country/area code)

### E-mail Address

[illegible]

**I would prefer to be contacted via:** ☐ E-mail ☐ Mail ☐ Phone

**I am applying for the following tests:**

<input type="checkbox"/>	TOEIC Listening and/or Reading Test	<input type="checkbox"/> (Paper Delivered)	<input type="checkbox"/> (Computer Delivered)
<input type="checkbox"/>	TOEIC Speaking and/or Writing Test	<input type="checkbox"/> (Computer Delivered)	
<input type="checkbox"/>	TOEIC Bridge Listening and/or Reading Test	<input type="checkbox"/> (Paper Delivered)	<input type="checkbox"/> (Computer Delivered)
<input type="checkbox"/>	TOEIC Bridge Speaking and/or Writing Test	<input type="checkbox"/> (Computer Delivered)	

**Nature of your disability (check all that apply):**

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Deafness
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Hard of hearing
<input type="checkbox"/> Blindness	<input type="checkbox"/> Physical disability (describe) _____
<input type="checkbox"/> Low vision	<input type="checkbox"/> Other (describe) _____

**Date your disability was first diagnosed:**    \_\_\_\_ / \_\_\_\_    **Date of professional's most recent evaluation:**    \_\_\_\_ / \_\_\_\_  
                                    Month   Year    Month   Year

**Name and credentials of professional who administered the most recent evaluation:** \_\_\_\_\_

**Have you received testing accommodations within the past two years in college and/or employment?** ☐ No ☐ Yes

**If yes, please list the accommodations received:**

---

---

**Request for nonstandard testing accommodations (continued)**

Applicant's Name: \_\_\_\_\_  
(Please print) Last First M.I.

**Verification statement to be signed by applicant**

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS and/or the ETS Preferred Network (EPN) with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS and/or the EPN member a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS and/or the EPN member at least six (6) weeks prior to the test administration date to provide time to evaluate and process my request for accommodations. I acknowledge that ETS and/or the EPN member reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

I acknowledge that any submitted information may also be used for ETS research purposes and that in no case will any of my personal identifying information (PII) be made accessible for use in research studies, and that my PII will be protected by the terms of ETS's Privacy and Security Policy.

ETS's Privacy and Security Policy can be found on the ETS website.

I further understand that ETS and/or the EPN member reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's and/or the EPN member's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate, or used to obtain accommodations that are not necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Keep a copy of this completed form for your records.**

**Request for nonstandard testing accommodations (continued)**

Applicant's Name: \_\_\_\_\_  
 (Please print) Last First M.I.

**PART II — TESTING ACCOMMODATIONS REQUESTED**

If you have received approval from ETS or a local EPN member within the last two years for accommodations identical to those you are requesting now, and your documentation is still current, please indicate the following:

Previous test(s) taken: \_\_\_\_\_ Previous test date(s): \_\_\_\_\_

**Alternate Test Format (check all that apply)**

Previous Registration Number(s) (if known):

- ☐ Braille
- ☐ Omit Listening section\*
- ☐ Large print\*\*
- ☐ Audio Test (Listening section only)\*\*
- ☐ Screen Reader (Test taker must have access to required technology for use of this accommodation)

**Extended Testing Time (Note: All tests are timed)**

- ☐ 50 percent (time and one-half) ☐ 100 percent (double time)

**Additional Rest Break(s)** ☐ Yes

**Assistance**

- ☐ Reader ☐ Sign language interpreter (for directions)\*
- ☐ Person to write responses on the answer sheet ☐ Oral Interpreters Script (Listening Section)\*

**Other Accommodations** (describe)

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

\*Only applicants who are deaf or hard of hearing

\*\*Only applicants who are blind or have low vision



## Request for nonstandard testing accommodations (continued)

Applicant's Name: \_\_\_\_\_  
(Please print) Last First M.I.

### PART III — ETS DOCUMENTATION CRITERIA

The documentation submitted must generally satisfy the ETS documentation criteria. ETS acknowledges that documentation from international sources will vary in scope and substance, and therefore will be reviewed on a case-by-case basis in accordance with the following criteria:

#### Documentation for the applicant *must*

- **be typed in English, or translated by an authorized translator into English and printed on official letterhead and signed** by an authorized professional qualified to make the diagnosis (include information about license or certification and area of specialization);
- **describe the functional limitations** resulting from the disability or disabilities and how they are relevant to the testing situation;
- **include documentation of any previously granted testing accommodations;**
- **include a list of all test instruments** used in the evaluation report and relevant subtest scores used to document the stated disability. (This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature);
- **describe the specific accommodations requested;**
- **adequately support the need for each of the requested testing accommodation(s);**
- **be current, depending on the disability. For specific currency requirements for different types of disabilities, please go to [www.ets.org/disability](http://www.ets.org/disability).**







For more than 45 years as an industry leader, the TOEIC® program has set the global standard for assessing English-language communication skills needed in the workplace. With about seven million tests administered every year, the TOEIC tests are the most widely used around the world, with 14,000+ organizations across more than 160 countries trusting TOEIC scores to inform the decisions that matter.

159235-64225 • UNLWEB525

847102

