



TEST
ASSESSING
SECONDARY
COMPLETION™

Special Testing Accommodations Request Form

Test Assessing Secondary Completion™ – TASC™

INTRODUCTION

CTB/McGraw-Hill supports the intent of the ADA Amendments Act of 2008 and is committed to supporting access to the Test Assessing Secondary Completion (TASC) for individuals with disabilities.

In order to apply for Special Testing Accommodations for the TASC, this request form should be completed by the TASC *Examinee* (with the support of an Advocate, if desired) and by a licensed professional *Evaluator*. The Examinee should deliver the completed form to the TASC *Test Coordinator* at the local testing site for processing and verification. Once it is verified, it is to be submitted to CTB/McGraw-Hill's TASC *Accommodations Administrator* for review and approval.

The following additional important documents, available on the TASC website at www.TASCtest.com, will help the Examinee and Evaluator prepare the request form for submission:

- *Overview of TASC Accommodations*
- *TASC Allowable Resources and Prior Notification Form*
- *TASC Special Testing Accommodations Descriptions*
- *Examinee Guidelines for Requesting TASC Special Testing Accommodations*
- *Evaluator Guidelines for Requesting TASC Special Testing Accommodations*
- *TASC Special Testing Accommodations Approval Criteria*

This request form has four sections. Sections 1, 2, and 3 must be completed prior to the request being sent to the CTB/McGraw-Hill TASC Accommodations Administrator for review.

Section	is completed by the...
1	Examinee
2	Evaluator (a licensed professional who can diagnose the Examinee's disability and recommend appropriate accommodations)
3	TASC Test Coordinator at the Examinee's local TASC Testing Center
4	CTB/McGraw-Hill TASC Accommodations Administrator

Steps

- 1– The Examinee completes Section 1 (with the support of an Advocate, if desired).
- 2– The Evaluator completes Section 2 and provides supporting documentation in the form of an *Evaluation Report*.
- 3– The Examinee provides the request form to the TASC Test Coordinator at the local testing center.
- 4– The TASC Test Coordinator and Examinee review Sections 1 and 2 for completeness.
- 5– If Sections 1 and 2 are deemed complete, the TASC Test Coordinator completes Section 3.
- 6– The Examinee sends the request form and supporting documentation, such as the Evaluation Report, to the CTB/McGraw-Hill TASC Accommodations Administrator for review.
- 7– The TASC Accommodations Administrator reviews the request form, makes an approval decision, and mails the decision letter to the Examinee and local testing center.

After the request form has been submitted to the TASC Accommodations Administrator, the Examinee can email TASC_Helpdesk@ctb.com or call 888-282-0589 between 7:30 a.m. and 8:00 p.m. Eastern Standard Time for questions about the status of a request.

SECTION ONE

1.1 To Be Completed by the Examinee

Name (last, first, middle): _____

Date of Birth: _____

Age: _____

Address (number & street name, apartment #, PO Box): _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address (if available): _____

Release of Information I grant permission to school officials, test center representatives, and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to CTB/McGraw-Hill and its designees in connection with my request for testing accommodations.

***Note:** CTB/McGraw-Hill will maintain confidentiality of all records.*

Examinee's Signature: _____

Date: _____

If the Examinee is under 18, a parent or guardian must provide the following information.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

1.2 To Be Completed by the Examinee's Advocate (Optional)

The Examinee may have an Advocate to support the request. An Advocate is someone other than the professional Evaluator, such as a parent or teacher, who helps the Examinee complete and submit this form. If you are the Advocate, please provide the information below.

Name of Advocate: _____

Relationship to Examinee: _____

Address (number & street name, apartment #, PO Box): _____

City, State, & Zip: _____

Phone: _____

Email Address: _____

Advocate's Signature: _____

Date: _____

SECTION TWO

To Be Completed by the Evaluator

This section provides documentation of the Examinee's diagnosed disability, the need for special testing accommodations, and specifies recommended accommodations. This section must be completed by a qualified professional. Please review the *Evaluator Guidelines for Requesting TASC Special Testing Accommodations* before completing this section.

2.1 Professional Evaluator

Name of Professional Evaluator: _____

Area of Specialization: _____

Highest Degree: _____

License/Certification Number: _____

License/Certification Expiration Date: _____

Issuing State: _____

Phone Number: _____

Email Address: _____

Diagnosing Professional's Signature and Affirmation: _____

I affirm that the information I have provided in Section 2 is complete, accurate, and reflects my professional evaluation.

Date Signed: _____

Comments: _____

2.2 Examinee Disability Category

Name of Examinee: _____

Disability¹ Category of Examinee

Mark One or More

- ☐ Attention Deficit Hyperactivity Disorder
- ☐ Emotional, Psychological, or Psychiatric Disorder
- ☐ Learning, Cognitive, or Intellectual Disability
- ☐ Physical Disability or Chronic Health Disability

¹ In situations where an individual is thought to have two or more diagnoses, such as a learning disability and a visual impairment or a psychiatric disorder and Attention Deficit Hyperactivity Disorder, the diagnostic report must clearly describe the unique impact of each condition and documentation requirements for each diagnosis must be met.

SECTION TWO

2.3 Documentation of the Examinee's Need for Accommodations

Review *TASC Special Testing Accommodations Approval Criteria* at www.TASCTest.com before completing this section.

1. **Accommodation:** Describe the testing accommodation(s) that you recommend for the Examinee. Identify specific recommended accommodations for each TASC subject area test in Section 2.4. Note: *If you mark "Other" please provide detailed information (see Evaluator Guidelines).*

2. **Description:**

- (a) Give a brief explanation about how *each* recommended accommodation mitigates the impact of the Examinee's disability.

- (b) If you select "Other" in Section 2.4, also provide instructions about how the accommodation is implemented and any materials or equipment that might be needed to implement the accommodation.

3. **Diagnosis:**

Specific Diagnostic Classification

Record the Specific Disability Label(s)

**DSM 5²
Code(s)**

4. **Date:** Indicate the month/day/year when the diagnostic evaluation was completed.

month/day/year

5. **Measures:** Summarize the key objective measures used in the evaluation.

6. **Level:** Briefly describe the level of the disability.

7. **Effect:** Briefly describe the effect of the disability as it relates to the Examinee's performance on a paper-and-pencil or computer-based academic assessment.

A diagnostic *Evaluation Report* must accompany this request form. The Evaluation Report is described in the Evaluator Guidelines.

² Provide *DSM 5* code if applicable.

SECTION TWO

2.4 Specific Recommendations for TASC Special Testing Accommodations

Check (✓ or X) each applicable box to indicate the accommodations recommended for each subject area or test section. For subject subtests with no accommodations recommended, mark the appropriate box in the last row, labeled “None Requested.” There should be at least one box marked in each column.

Accommodation	Accommodation Details	Availability by test format		Reading	Writing	Math Part 1	Math Part 2	Science	Social Studies
		PBT ³	CBT ⁴						
Audio/Alternate Presentation	Audio CD	YES							
	CBT Screen Reader		YES						
Breaks	Supervised Breaks	YES	YES						
	Multiple Sessions	YES							
Calculator	Calculator Memory Function	YES							
	Talking Calculator	YES							
Duration	1.25 Times Standard Testing Time	YES							
	1.50 Times Standard Testing Time	YES	YES						
	Twice the Standard Testing Time	YES							
Physical Support	Preferential Seating Location	YES	YES						
	Adaptive Equipment	YES							
	Adaptive Furniture	YES	YES						
	Other (Specify)								
Scribe	Point or Dictate Answers	YES							
Technology Device	Technology-assisted Writing	YES							
Separate Room		YES	YES						
Small Group Setting		YES	YES						
Other (Specify)									
None Requested		YES	YES						

³ PBT = Paper Based Test

⁴ CBT = Computer Based Test

SECTION THREE

To Be Completed by the TASC Test Coordinator

TASC Test Coordinator

I have verified the completeness of the application materials.

This application is ready to be evaluated by the TASC Accommodations Administrator.

Test Coordinator Name: _____

Test Center ID: _____

Test Center Name: _____

Address (number & street name, apartment #, PO Box): _____

City, State, & Zip: _____

Phone: _____

Fax: _____

Email: _____

Test Coordinator's Signature: _____

Date: _____

When Sections 1 through 3 are complete, email, fax, or mail this request form and supporting documentation to:

CTB McGraw-Hill LLC
Attn: TASC Accommodations Administrator
c/o Customer Service Department
6901 N Michigan Road
Indianapolis, IN 46268

Email: TASC_Helpdesk@ctb.com
Toll-free Telephone: 888-282-0589
Toll-free FAX: 877-800-9389

SECTION FOUR

To Be Completed by the TASC Accommodations Administrator

1. The Evaluator's credentials document appropriate qualifications.	<input type="radio"/> Yes <input type="radio"/> No
2. The Evaluation was conducted within an appropriate time frame.	<input type="radio"/> Yes <input type="radio"/> No
3. The Examinee's disability is identified and the evaluation report is included.	<input type="radio"/> Yes <input type="radio"/> No
4. The level of the disability and its impact on test performance are documented.	<input type="radio"/> Yes <input type="radio"/> No
5. Recommended testing accommodations are clearly described.	<input type="radio"/> Yes <input type="radio"/> No
6. An explanation for how the accommodation mitigates the impact of the disability on test performance is provided.	<input type="radio"/> Yes <input type="radio"/> No
7. All required signatures are provided and dated.	<input type="radio"/> Yes <input type="radio"/> No
Special Testing Accommodation Request approval status (mark one):	
	Decision
<input type="radio"/>	Yes , the request meets the required standards and accommodation recommendations are approved.
<input type="radio"/>	Approval is pending. Additional information or evidence is required. See comments below for details.
<input type="radio"/>	No , the request does not meet required standards and is not approved. See comments below for details that must be addressed in subsequent appeals.
Comments about Decision: _____	

TASC Accommodations Administrator's ID Number: _____	
Email: _____	
Phone: _____	
Date: _____	
TASC Accommodations Administrator's Initials: _____	

Special Testing
Accommodations
Request Form



CTB