



# ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

## GED Testing Service® Accommodation (Reasonable Adjustment) Request Form

Testing accommodations are any adjustments made to testing conditions that allow candidates to access the test.

### SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION:

**Complete all information. Make sure that all sections are complete before you submit the form.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Additional person(s) you permit GED Testing Service® Accommodations Team to contact on your behalf regarding this request.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dates this authorization is valid from: \_\_\_\_\_ to \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18, a parent or guardian must also sign.**

Parent/Guardian's Printed Name (if Candidate is under 18): \_\_\_\_\_

Parent/Guardian's Signature (if Candidate is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: REQUESTED ACCOMMODATIONS:**

Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

## SECTION 3:

Supporting documentation should be attached to this request form. Documentation is current if the assessment was completed within the last five (5) years.

Documentation should:

1. Include a clear diagnosis
2. Document the history of impairment
3. Confirm that the symptoms are not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second-language (ESL) factors
4. Provide information on current functional limitations that are likely to affect the candidate's ability to take the test under standard conditions
5. Provide a specific rationale for each requested accommodation

*Meeting criteria for ADHD using globally recognized standards (e.g., DSM, ICD):* In order to be diagnosed with ADHD, there should be evidence of symptoms that led to substantial impairment, prior to the age of 12, and that the current symptoms cannot be better accounted for by another disorder or other explanation. There should be evidence of current impairment in **two or more life settings** (academic, social, vocational).

Detailed documentation guidelines for Attention-Deficit/Hyperactivity Disorder (ADHD) can be found online at: <http://www.gedtestingservice.com/testers/computer-accommodations>, scroll down to Documentation Guidelines and click on the "Download" link for Attention Deficit/Hyperactivity Disorder (ADHD).

**FAX accommodation requests to: 1-202-464-4894**

**Questions? Email us: [accommodations@ged.com](mailto:accommodations@ged.com)**