ETS® Performance Assessments

Guide for Test Takers with Disabilities or Health-related Needs

NOTE: This guide contains procedures and forms for requesting accommodations for the ETS® Performance Assessments.

Use the information in this guide together with the registration information found on the ETS Performance Assessments website at www.ets.org/ppa/test-takers.

TABLE OF CONTENTS

GENERAL INFORMATION

ETS is committed to serving test takers with disabilities or health-related needs by providing services and reasonable accommodations that are appropriate given the purpose of the test.

Test takers requesting accommodations for ETS Performance Assessments MUST first create an account and register online for the assessment.

Because ETS needs to review documentation in order to provide appropriate accommodations, all requests for accommodations must be submitted to ETS Performance Assessments. Documentation review can take approximately six weeks after receipt of all necessary documentation at ETS.

The information provided in this guide and on the ETS Performance Assessments website at www.ets.org/ppa/test-takers should answer any questions you may have about requesting accommodations and registering.

All questions related to accommodations decisions should be sent to ETS Performance Assessments. See contact information below.

CONTACT INFORMATION

Monday – Friday 8:30 a.m. – 5 p.m. Eastern Time (New York)

ETS Performance Assessments

Phone: 1-855-628-5088 (toll-free in the U.S., U.S. Territories and Canada)
1-609-359-5634 (all other locations)

Fax: 1-609-683-2040

Email:
ppat@ets.org for the PPAT Assessment
pasl@ets.org for the PASL Assessment
patl@ets.org for the PATL Assessment

HOW TO REQUEST ACCOMMODATIONS

STEP 1: Accommodations

Task responses can be submitted from a computer you use regularly, with your customary hardware and software. As long as you submit your materials by the submission deadline, you can take as much time as you need. Even if you use accommodations in college or employment, you may find that you do not need them for the performance assessments. However, if you feel your disability requires it, you may submit a request for extended task submission deadlines. If you need any other type of testing accommodation, contact ETS Performance Assessments (see page 3 for contact information).

STEP 2: Review the Registration Information

Review the *registration* and *submission window dates and deadlines* information on the ETS Performance Assessments website at www.ets.org/ppa/test-takers for the test that you will be taking. Carefully examine the dates to determine the submission window that best suits your schedule.

STEP 3: Complete the Online Registration Process

Create an account and register for your test. Access the ETS Performance Assessment registration system via the program website at www.ets.org/ppa/test-takers. From the program website, select your assessment and the "Register" link.

STEP 4: Complete the Testing Accommodations Request Form

Complete the Testing Accommodations Request Form on pages 7–10.

Part I — Applicant Information (pages 7–9)
Complete this section and sign the Applicant's Verification Statement.

Part II — Accommodations Requested (page 10)
Complete this section.

STEP 5: Submitting Your Request to ETS

Requests for testing accommodations can be submitted by mail or fax. Be sure to include the appropriate documents with your request (see below). **Failure to register online and mail or fax all forms and documentation will cause a delay in processing your request. Do not send documentation as an attachment to an email.**

Be sure to include:

- Testing Accommodations Request Form (see pages 7 - 10)
- Disability documentation (see www.ets.org/disabilities/documentation)

Email or fax completed forms and documentation to:

Email:
ppat@ets.org for the PPAT Assessment
pasl@ets.org for the PASL Assessment
patl@ets.org for the PATL Assessment

Fax: 1-609-683-2040

IF YOUR REQUEST IS APPROVED

Once your request for testing accommodations is approved, ETS will send you an email advising you of the approval and your new submission window deadlines. Allow at least six weeks from the time your completed request is received at ETS to receive your notice.

DEADLINE FOR ACCOMMODATIONS REQUESTS

You must submit your request for testing accommodations by the registration deadline for the submission window or at least six weeks prior to the first task submission deadline date (whichever occurs first). You can verify those dates by reviewing the registration information pertaining to *submission window dates and deadlines* for the respective performance assessment on the website at www.ets.org/ppa/test-takers.

Documentation review takes approximately six weeks once your request and complete paperwork have been received. If additional documentation must be submitted, it can be another six weeks from the time the new documentation is received until the review is complete.

If a medical emergency or accident causes a temporary disability that necessitates accommodations (e.g., a broken arm), please submit your request and documentation as soon as possible.

SCORING AND REPORTING

Test takers who are blind can contact ETS Performance Assessments by phone for their test scores. See page 3 for contact information.

In most cases, score reports contain no indication of whether a test was taken with accommodations. Score reports do not indicate the nature of the disability or the accommodations given. Score recipients also are reminded that test scores should be considered only one part of an applicant's record.

ETS PERFORMANCE ASSESSMENTS TESTING ACCOMMODATIONS REQUEST FORM
Part I — Applicant Information

Instructions: Complete this page and sign the Applicant's Verification Statement on page 9.

Date: _____   ETS Online Account ID: _____
 Month   Day   Year

Applicant's Name (print your name as it appears on your ID documents)

First Name: _____   M.I.: _____   Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____   State or Province: _____

Zip or Postal Code: _____   Country: _____

Gender: _____   Date of Birth: _____

U.S. Social Security Number (Last 4 Digits): _____

Daytime Phone Number: _____   Evening Phone Number: _____

Fax Number: _____   Email Address: _____

I would prefer that ETS communicate with me via: ___ Email   ___ Mail   ___ Phone   ___ Fax

Performance Assessment I am applying for:

_____ *PPAT*® Assessment (PPAT)

_____ *ETS® Performance Assessment for School Leaders* (PASL)

_____ *ETS® Performance Assessment for Teacher Leaders* (PATL)

Submission Window I am applying for: _____

Applicant's Name

First Name: _____ M.I.: _____ Last Name: _____

Nature of your disability (check all that apply):

☐ Blind
☐ Legally blind or low vision
☐ Deaf
☐ Hard-of-hearing
☐ ADD/ADHD
☐ Learning Disability
☐ Physical/Mental disability (identify condition; must submit documentation)

_____

☐ Psychological (identify condition; must submit documentation)

_____

☐ Traumatic brain injury (must submit documentation)
☐ Autism spectrum disorder (e.g., Asperger; must submit documentation)
☐ Other (identify condition; must submit documentation)

_____

When was your disability first diagnosed? _____/_____
                                            Month Year

Date of professional's most recent evaluation: _____/_____
                                                  Month Year

Other than testing accommodations, describe what strategies, devices or medications you ordinarily use to manage your condition:

_____

_____

Have you received accommodations within the past five years in college and/or employment?

☐ Yes   ☐ No

If yes, please list the accommodations received.

_____

_____

_____

Applicant's Name

First Name: _____ M.I.: _____ Last Name: _____

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 with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the assessment submission window to provide time to evaluate and process my request for accommodations. I acknowledge that ETS 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 research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS'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 for your records.

ETS PERFORMANCE ASSESSMENTS TESTING ACCOMMODATIONS REQUEST FORM
Part II — Accommodations Requested

Applicant's Name

First Name: _____ M.I.: _____ Last Name: _____

Date: _____
      Month   Day   Year

If you have received ETS approval 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 assessment taken: _____

Previous assessment submission window or test date: _____

<div align="center">REQUESTED ACCOMMODATIONS</div>

1. Extended deadlines for task submissions

   a. Indicate task number and requested deadline date for each task:

Task Number	Extended Deadline Date

   b. Provide a disability-related rationale for your request for this accommodation.

   _____

   _____

   _____

   c. Submit appropriate documentation of your disability and your need for this accommodation.