



Georgia Assessments for the Certification of Educators®

**2023-24**

***Georgia Assessments for the Certification  
of Educators® (GACE®)***

**Bulletin Supplement  
for Test Takers with Disabilities  
or Health-Related Needs**

**NOTE:** This supplement contains procedures and forms for requesting accommodations for the Georgia Assessments for the Certification of Educators® (GACE®) program.

Use this supplement **together** with the 2023-24 GACE *Registration Bulletin* (see page 8).

Visit the ETS website at ***[www.ets.org/disabilities](http://www.ets.org/disabilities)***  
for the most up-to-date information.

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## General Information

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

While many test takers with disabilities successfully take a *GACE*<sup>®</sup> test with appropriate accommodations, some test takers with disabilities may want to ask their prospective institution or fellowship sponsor whether it is willing to waive the test requirement and consider their application based on other information.

**Important:** Test takers requesting accommodations **MUST** complete a *Testing Accommodations Request Form* and submit it to ETS Disability Services. The form may be submitted online, via email, mail or courier service. We strongly encourage using the online registration system. You must submit your request and have your accommodations approved by ETS Disability Services **before** your GACE test may be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible. Documentation review may take approximately four to six weeks once your request and complete paperwork have been received at ETS. If additional documentation is requested, it may be approximately two to four weeks from the time the new documentation is received until the review is complete. ETS is committed to producing alternate test formats as quickly as possible; however, production times may vary.

Information about GACE program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information is available in the *GACE*<sup>®</sup> *Registration Bulletin* and on the GACE website at [https://gace.ets.org/test\\_day/id/](https://gace.ets.org/test_day/id/). It is recommended you review this information prior to requesting accommodations.

To submit your accommodation request online, you will need to create an ETS account at <https://gace.ets.org/register/accommodations/>. In your ETS account you may upload documentation and indicate your preferred test date and location. You may also view your approved accommodations and test appointments. In addition, if you are approved for extended test time, extra breaks, screen magnification and/or selectable background and foreground colors, you may also self-schedule your test online through your ETS account. If you are requesting and are approved for accommodations other than the four listed above, you cannot schedule your test online. Your approval letter will provide instructions for scheduling your test.

### Using Previously Approved Accommodations

If you were previously approved for accommodations on a GACE test, review your approval letter to determine if your accommodations approval is still current. If your accommodations have not expired, you may register following the directions on your letter.

If you have received accommodations from ETS for another test (for example, the *TOEFL*<sup>®</sup> test, GRE, a *Praxis*<sup>®</sup> test, or a School Leadership Series assessment) and your documentation is still current, you may request the same accommodations for a GACE test during the 2023-24 testing year without providing disability documentation. The accommodations ETS previously approved for you will be approved again if they are appropriate for the current test. If you have received testing accommodations on another standardized test such as the ACT, SAT, GMAT, LSAT and/or MCAT, etc. you may request the same accommodations for the GACE test during the 2023-24 testing year by submitting a copy of your approval letter. No disability documentation is required. The accommodations approved for you by another testing agency will be granted if they do not violate test construct or test security.

## Reduced-distraction Setting

Many test takers request a reduced-distraction setting. The testing centers are designed to have minimal distractions with each test taker assigned to an individual carrel with earplugs or headphones available upon request to further reduce environmental noise.

## Pre-approved Personal Items

Certain items are allowed in the testing environment without prior approval. These include, but are not limited to, bandages, spinal cord stimulators, foot stool, lumbar support cushion, service animals and hearing aids/cochlear implant. However, if your hearing aids or cochlear implant have Bluetooth capabilities, accommodations must be requested. The full list of pre-approved personal items for use at test centers or for at home testing is available at <https://www.prometric.com/sites/default/files/Permissible-items.pdf>.

If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump which is attached to your body plus the transmitter used to program the pump) or your pump is especially noisy. If the pump cannot be silenced and is likely to disturb other test takers, requesting accommodations is a good idea so you may be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require prior approval; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

## Contact Information

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### ETS Disability Services

**Phone:** 1-866-387-8602 (toll-free in the United States, U.S. Virgin Islands, Puerto Rico, and Canada)  
1-609-771-7780 (all other locations)  
Monday–Friday 8:30 a.m.–5 p.m. U.S. Eastern Time (New York)

**Mail:** ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054

**General Email Inquiries:** [stassd@ets.org](mailto:stassd@ets.org)

**Requests for Testing Accommodations:** [disability.reg@ets.org](mailto:disability.reg@ets.org)

**Courier Service:** ETS Disability Services  
1425 Lower Ferry Road  
Ewing, NJ 08618-1414

## How to Request Accommodations

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### Steps to Request Accommodations

To request accommodations for a GACE test, follow the steps below:

1. Complete the *Testing Accommodations Request Form*.
2. Complete the *GACE Registration Form for Testing with Accommodations* (if not submitting your materials online).
3. Determine if Disability Documentation is Needed
4. Submit completed forms.

Detailed information regarding each of these steps is provided in this *Supplement*.

### Step 1: Complete the Testing Accommodations Request Form

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Complete the *Testing Accommodations Request Form* on pages 11–23 in this *Supplement*.

#### Part I — Applicant Information

Complete this section and sign the Applicant’s Verification Statement even if you are requesting accommodations identical to those approved for you by ETS within the last two years.

#### Part II — Accommodations Requested

Complete this section even if you are requesting accommodations identical to those approved for you by ETS within the last two years. If you are requesting accommodations other than those listed in Part II, you must describe them under “Other Accommodations.”

#### Accommodations for Health-related Needs

Health-related needs are most commonly those affecting digestion, immune function, respiration, circulation, endocrine functions, etc., and frequently require only minor accommodations. Documented health needs include conditions such as diabetes, Crohn’s disease and chronic pain. Minor accommodations include but are not limited to: extra breaks for medication, snacks, beverages or glucose testing materials which are necessary during the test session.

Documentation for health-related needs should include a letter of support from a medical doctor or other qualified professional stating the nature of the condition and the rationale for the requested accommodation(s). Please note, handwritten documentation or a note on a prescription pad is not sufficient.

## Step 1: Complete the Testing Accommodations Request Form (*continued*)

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### Commonly Requested Accommodations

- **Extended Test Time (all tests are timed)**
  - 25 percent (time and one-quarter) or 50 percent (time and one-half) or 100 percent (double time)
- **Extra Breaks** — The testing clock stops for breaks and does not affect your testing time. Breaks may be used for medication, snacks, trips to the restroom, etc. Some disabilities, by their nature, result in fatigue, the need for rest, and/or restroom breaks while not impacting the actual test taking. In these cases, extra breaks may be more appropriate than extended test time.
- **Accommodations for Computer-delivered Tests**
  - Screen magnification
  - Selectable background and foreground colors
  - JAWS screen reader with or without refreshable braille device (only for applicants who are blind or have low vision)
- **Assistance**
  - Human reader
  - Human scribe
  - Assistance with check-in and for spoken directions (only for applicants who are deaf or hard-of-hearing)
    - Oral interpreter
    - Sign language interpreter
  - Assistance for note taking (only for applicants who are blind or have low vision)
    - Braille slate and stylus
    - Perkins brailler
- **Alternate Test Formats**
  - Braille (only for applicants who are blind or have low vision)
  - Large-print test book
  - Large-print answer sheet
  - Recorded audio<sup>1</sup>

### Part III — Certification of Eligibility: Accommodations History

All applicants are encouraged to submit *Part III — Certification of Eligibility: Accommodations History* form which serves two distinct purposes:

- To provide verification of an individual's use of accommodations either in college or in the workplace
- As a shortcut for approval of certain specific accommodations for particular disabilities

## Step 2: Complete GACE Registration Form for Testing with Accommodations (if not submitting your materials online)

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If you plan to submit your materials to ETS Disability Services by email or mail instead of online at [www.gace.ets.org/mygace](http://www.gace.ets.org/mygace), complete the *GACE® Registration Form for Testing with Accommodations* form on pages 24–27 in this *Supplement*.

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<sup>1</sup>For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

### **Step 3: Determine if Disability Documentation is Needed**

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**DO NOT** submit disability documentation if you are able to use the COE as a shortcut for approval and/or you are submitting evidence of testing accommodations approval from ETS or another standardized testing agency. Submitting unrequired documentation will delay the review process. **For more information regarding documentation guidelines, please visit [www.ets.org/disabilities](http://www.ets.org/disabilities).**

*If you are blind or legally blind*, you do NOT need to submit documentation if you are submitting a *Part III — Certification of Eligibility: Accommodations History* form and are requesting only accommodations from the list below.

- Screen magnification
- Selectable background and foreground colors
- Braille
- Screen reader
- Large print (test book and/or answer sheet)
- Recorded audio
- Human reader
- Human scribe
- Braille slate and stylus for note-taking only
- Perkins braille for note-taking only
- Extra breaks
- 50 percent or less extended test time (time and one-half)
- 100 percent extended test time (double time) when also requesting braille, a human reader, recorded audio, or a screenreader

*If you have a learning disability, ADHD, TBI, ASD, a psychiatric disability and/or a physical disability* and are requesting 50% extended test time (time and one-half) or less and/or extra breaks, you do not need to submit documentation if you are submitting a valid *Part III — Certification of Eligibility: Accommodations History*.

*If you are deaf or hard-of-hearing*, you do NOT need to submit documentation if you are submitting a valid *Part III — Certification of Eligibility: Accommodations History* form and are requesting only accommodations from the list below.

- 50 percent or less extended test time (time and one-half)
- Extra breaks
- Sign language interpreter (for check-in assistance and spoken directions)
- Oral interpreter (for check-in assistance and spoken directions)

## Step 4: Submit Your Completed Forms and Documentation to ETS Disability Services

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Requests for testing accommodations may be submitted online or via email, mail or courier service. We strongly encourage using the convenient online registration system. Be sure to include the appropriate documents with your submission. An incomplete application will cause a delay in processing your request.

### Submitting Your Material Online in Your ETS Account

You may submit materials online through your ETS account at <https://gace.ets.org/mygace>. Once signed in, select “Accommodation Status/New Request” under the “Test Takers with Disabilities or Health-related Needs” section on the home page and follow the instructions.

### Submitting Your Material by Email

Be sure to attach the following items with your email message:

- Completed *Testing Accommodations Request Form*
- Completed *GACE Registration Form for Testing with Accommodations*
- Disability documentation (if required)

Requests for accommodations should be sent to [disability.reg@ets.org](mailto:disability.reg@ets.org).

**Please note:** Do not include credit card information with your mail or email. Once your application has been received at ETS, you will receive an email with instructions regarding payment options.



## Step 4: Submit Your Completed Forms and Documentation to ETS Disability Services *(continued)*

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### Submitting Your Material by Mail or Courier Service

Be sure to include the following with your request:

- Completed *Testing Accommodations Request Form*
- Completed *GACE® Registration Form for Testing with Accommodations*
- Disability documentation (if required)

Mail your material to the appropriate address below.

#### Mail

ETS Disability Services  
PO Box 6054  
Princeton, NJ 08541-6054  
U.S.A.

#### Courier Service

ETS Disability Services  
1425 Lower Ferry Road  
Ewing, NJ 08618-1414  
U.S.A.

Once your accommodations have been approved, you will receive an email from ETS Disability Services with instructions regarding how to register for the GACE test.

Regardless of how you submit your material, ETS Disability Services will contact you via email regarding your application.

## **Changing or Canceling Your Test**

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If you are scheduled to take a computer-delivered test at a Prometric center, you may change or cancel your test by calling Prometric at 1-800-967-1139. For all other GACE testing questions, contact ETS Disability Services. See page 4 of this bulletin for contact information.

Policies for changing or canceling your test are included in the GACE *Registration Bulletin* and on the GACE website at [www.gace.ets.org/register/change\\_cancel](http://www.gace.ets.org/register/change_cancel). Rescheduling is permitted within the same testing year.

## **GACE Test Preparation**

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For test preparation information, go to the GACE website at [www.gace.ets.org](http://www.gace.ets.org) and follow the “Test Preparation Resources” link.

If you need preparation materials in an alternate format, please contact ETS Disability Services. See page 4 of this supplement for contact information.

## **Score Reporting**

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Test takers who are blind may contact ETS Disability Services by phone for their test scores. See page 4 of this supplement for contact information.

# GACE® TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information

**Instructions:** Complete this page using blue or black ink and sign the Applicant's Verification Statement on page 16.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Applicant's Name** (print your name as it appears on your ID documents — leave one blank box between names)

First Name	M.I.	Last Name

**Address Line 1**

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**Address Line 2**

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City	State or Province

ZIP or Postal Code	Country

Gender	Date of Birth	Social Security Number
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	(last 4 digits) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Day Phone Number	Evening Phone Number

Fax Number	Email Address

**Testing Location (please select one)**  I intend to test at home.  I intend to test at a test center.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Blind or legally blind                    | <input type="checkbox"/> Physical (identify condition)                                     |
| <input type="checkbox"/> Low vision                                | _____  |
| <input type="checkbox"/> Deaf                                      | <input type="checkbox"/> Psychiatric (identify condition)                                  |
| <input type="checkbox"/> Hard-of-hearing                           | _____  |
| <input type="checkbox"/> ADD/ADHD                                  | <input type="checkbox"/> Medical Condition (identify condition; must submit documentation) |
| <input type="checkbox"/> Learning Disability                       | _____  |
| <input type="checkbox"/> Traumatic Brain Injury                    | <input type="checkbox"/> Other (identify condition; must submit documentation)             |
| <input type="checkbox"/> Autism Spectrum Disorder (e.g., Asperger) | _____  |

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

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

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*(continued on next page)*

# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

### **Acknowledgment**

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This Acknowledgment, including the Privacy Notice at [www.ets.org/legal/privacy](http://www.ets.org/legal/privacy), contains the terms and conditions between you and Educational Testing Service (“ETS,” “we,” “us,” “our”) regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as “Testing Services”). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

### **Personal Information**

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store, use, disclose (including to public authorities and score recipients), extract and transmit (collectively “use”) the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as “Personal Information”. Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

### **How We Use Your Personal Information**

We use your Personal Information to: complete any registration, purchases, or other transactions you request; improve our products and services; identify, develop, and offer new or expanded products and services; improve and personalize your experience on the website; customize the content and/or format of the pages you visit subject to your opting-in (see below); notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties; ask you to participate in brief surveys, or provide other information; generate aggregate statistical studies; and conduct research ourselves or jointly with others related to our products and services and the use of our website.

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.

# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

### **International Transfer**

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the United States to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

### **Third Party Disclosure**

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

### **Your Rights**

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading, or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: [etsinfo@ets.org](mailto:etsinfo@ets.org)

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

# **GACE TESTING ACCOMMODATIONS REQUEST FORM**

## **Part I — Applicant Information (*continued*)**

### **Further Communications**

We ask you to provide your contact details, including email address, telephone and mobile phone details. We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

### **Governing Law**

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

### **Additional Information**

This section containing additional information is of general application, but it is also provided for purposes of the EU General Data Protection Regulation when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services): ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: [etsinfo@ets.org](mailto:etsinfo@ets.org)

**Purpose and Legal Basis for Processing:** To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

**Legitimate Interests relied upon:** ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

**International Transfers:** Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

**Personal Information Retention:** Personal Information is generally held for 5 years from the date of its submission. This period may be extended by ETS if the score for the Testing Service you require remains valid for a longer period (which information is usually contained in your testing result information), if the Testing Service you have requested is being reviewed or if our legitimate interest in retaining your Personal Information remains in place. It also may be shorter if we no longer require your Personal Information (for example, if you have expressed interest in a test but have not taken one). You may contact us at [etsinfo@ets.org](mailto:etsinfo@ets.org) if you require further information.

# GACE TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information (*continued*)

**Data Subject Rights:** In addition to the rights described above, you may have data portability rights. For security reasons, most testing organizations will require that Personal Information be obtained directly from you and this may limit the usefulness of your data portability rights.

**Supervisory Body:** Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services.

*For Hong Kong residents only:* Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

*For Australian residents only:* Please be informed that if you agree to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

*For Canadian residents only:* This is the notification that ETS is required to provide to Canadian residents. Please see above regarding International Data Transfers. Where we transfer Personal Data to third parties we contractually require third parties to have a written procedures in place that comply with the requirements of the applicable privacy laws in Canada.

*For Singapore residents only:* In connection with the transfer of your Personal Information outside of Singapore, ETS believes that the laws of the recipient country of your Personal Information will provide a standard of protection comparable to the applicable laws of Singapore.

### **Contact Information**

If you have questions or requests concerning our use of your Personal Information, you should contact: [etsinfo@ets.org](mailto:etsinfo@ets.org).

By indicating "I Agree," you expressly and voluntarily acknowledge and agree to the terms and conditions above, particularly those relating to our use of biometric data and the international transfer of Personal Information.











**GACE® TESTING ACCOMMODATIONS REQUEST FORM**  
**Part III — Certification of Eligibility: Accommodations History (continued)**

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

**DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY**

The *Certification of Eligibility: Accommodations History* form may be used in lieu of documentation or as verification of the accommodations used in college or in the workplace. The authorized professional should initial each of the documentation criteria listed below. Please clearly write your initials for each item.

Does the candidate's documentation...

- | <b>Yes</b> | <b>No</b> | <b>N/A</b> |  |
|------------|-----------|------------|--|
| 1. _____   | _____     | _____      | Meet the recency guidelines set forth at <a href="http://www.ets.org/disabilities">www.ets.org/disabilities</a> ?  |
| 2. _____   | _____     | _____      | Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested?  |
| 3. _____   | _____     | _____      | Describe the functional limitations resulting from the diagnosed disability?   |
| 4. _____   | _____     | _____      | List the test instruments used in the evaluation report and relevant subtest scores used to document the stated disability? (All test instruments should have adult norms.)                    |
| 5. _____   | _____     | _____      | Describe the specific accommodation(s) requested and adequately support each requested accommodation?  |
| 6. _____   | _____     | _____      | Present itself on official letterhead, typed, signed, and dated by an evaluator qualified to make the diagnosis (include information about license, certification, and area of specialization) |

*(continued on next page)*









## GACE® Registration Form for Testing with Accommodations

If you are requesting testing accommodations for a GACE® assessment by mail or email, you must complete and submit this registration form in addition to the *Testing Accommodations Request Form* (pages 11–23). **Note:** You cannot schedule a test until you receive authorization to do so.

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (\*).

**\* First Name**

(as it appears in your MyPSC account)

**Middle Name or Initial**

(as it appears in your MyPSC account)

**\* Last Name** (as it appears in your MyPSC account)

**\* Address Line 1**

**Address Line 2**

**\* City**

**\* State or Province**

**\* ZIP/Postal Code**

**\* Date of Birth**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

**\* Gender**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Male	Female	Other

**\* Primary Phone Number**

(include area code, country code, or city code):

**Secondary Phone Number**

(include area code, country code, or city code):

**\* Email Address** (must be the same email address used when obtaining your GA CERT ID number)

**\* GA CERT ID Number**

**Candidate ID** (if known)

(continued on next page)





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

**\* TEST FEES** (GACE assessments administered at international test sites are subject to a \$50 test site fee in addition to any test fees paid.)

Certificate Upgrade: **\$193\***

Content (combined test): **\$193\***

Content (single test): **\$123\***

Educational Leadership: **\$193\***

Georgia Educator Ethics: **\$30**

Georgia Ethics for Educational Leadership: **\$40**

Paraprofessional: **\$38**

Teacher Leadership: **\$350**

\* A \$25 registration fee and a \$28 test center fee are included in this test fee.

### ACCEPTABLE PAYMENT METHODS

Credit/debit card (American Express®, Discover®, JCB®, MasterCard®, and VISA®)  
Any debit/credit card branded with one of these five accepted credit card logos can be processed.

**\* PAYMENT** (See payment policies on page 27.)

AMOUNT DUE \$ \_\_\_\_\_ Payment type: (check one)

Credit Card

Debit Card

Indicate which credit/debit card is being used and enter your card number and expiration date below.

**IMPORTANT NOTE:** If you are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

American Express®     Discover®     JCB®     MasterCard®     VISA®

Credit/Debit Card Number

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Expiration Date

		/		
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Month Year

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

(continued on next page)





I.N. 835317  
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