

9. Identify the disability for which you are requesting alternative testing arrangements.

10. List the specific alternative testing arrangement(s) that you are requesting.

11. Documentation (check one of the following):

- I am requesting an alternative testing arrangement listed below because of a disability. (Medical documentation is not required for the following accommodations.)
 - Wheelchair-accessible facilities
 - Frequent breaks (e.g., for those with hypoglycemia or diabetes)
 - Use of a magnifying glass, color overlays, or a straightedge (e.g., for those with a visual impairment)
 - Use of a pen for a written assignment (e.g., for those with a motor impairment)
 - Written copy of the oral directions (e.g., for those with a hearing impairment)
- I am requesting alternative testing arrangements other than those listed above because of a physical disability (e.g., visual impairment). Therefore, I have enclosed documentation, if required, as indicated in "Registering for Alternative Testing Arrangements."
- I am requesting alternative testing arrangements because of a disability other than physical (e.g., learning disability). Therefore, I have enclosed documentation, if required, as indicated in "Registering for Alternative Testing Arrangements."

12. Previous alternative testing arrangements (check one of the following):

- I have not previously been granted alternative testing arrangements for the California Basic Educational Skills Test™ (CBEST®).
- For a previous administration of the CBEST, I was granted the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: _____)
- For a previous administration of the CBEST, I was granted different alternative testing arrangements from those that I am currently requesting. (Please explain, including the test date: _____)

_____)

13. I have read the 2009–2010 CBEST Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form for Computer-Based Testing, any required documentation as noted in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the CTC or the TSPC in order to process my request. Because of space, staff, and time constraints, I may not be able to schedule an appointment with accommodations in my preferred date range. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test under alternative conditions.

Signature

Date