



ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM FOR PAPER-BASED TESTING

Mail to: CBEST Program
Evaluation Systems
Pearson
P.O. Box 340880
Sacramento, CA 95834-0880

Fax number: (866) 483-6460 or (916) 928-6110
Attn: Alternative Arrangements Coordinator
If you are submitting this form and your documentation by fax, please call (800) 262-5080 or (916) 928-4001 to confirm that all of your faxed materials have been received.

The deadline for submission of requests and all necessary documentation for alternative testing arrangements is the **regular registration deadline**. Because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated.

1. Social Security Number

2. Date of Birth

Month Day Year

3. Name

Last

First

Middle
Initial

4. Address

P.O. Box or Street Address

City or Town

State

ZIP Code

5. Telephone Numbers

Daytime

Area Code

Evening

Area Code

6. Test date for which you are registering
(check one):

- August 8, 2009
- October 3, 2009
- December 5, 2009
- February 6, 2010
- April 10, 2010
- June 12, 2010

7. Test area for which you are registering
(see "Test Sites"):

First Choice

Code

Area

Second Choice

Code

Area

- 8.** Check here if you are requesting a Sunday administration because you are unable to take the test on the regularly scheduled Saturday administration due to your religious practices. You must enclose a letter from a member of the clergy, written on that person's professional letterhead, stating that your religious practices prohibit Saturday testing. (Proceed to #13 if your only request is for an alternative test date.)

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 Paper-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. I understand that the deadline for submission of these materials is the regular registration deadline and that, because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated. 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