

Massachusetts Vocational Technical Teacher Testing Program

Greater Lowell Technical High School

250 Pawtucket Boulevard, Tyngsboro, Massachusetts 01879-2199

Telephone: (978) 441-4946 . Fax: (978) 441-4893

Email: techteachtest@gltech.org

Website: www.gltech.org/domain/69

ALTERNATIVE TESTING ARRANGEMENTS REQUEST FORM

COMPLETE AND RETURN THIS FORM TO THE ABOVE LISTED ADDRESS.

Attention: Teacher Testing Program

Candidate Name: _____

Phone #: _____

Test Area: _____

Note: To ensure that there is adequate time to process your request, you are strongly encouraged to submit alternative testing arrangements requests no later than 30 calendar days prior to your requested test date.

Before submitting your Alternative Testing Arrangements Request form and any required documentation, use the checklist below and the information contained in the candidate handbook (Exam Registration Process) to confirm that your documentation is complete.

You may wish to share this information with the qualified professional with whom you have consulted.

All documentation must meet **ALL** of the following requirements:

- It must include a signed statement by a qualified professional, written on that person's professional letterhead, whose license or credentials are appropriate to describe or diagnose the disability.
- It must include a diagnosis of the disability or disabilities
- It must include recommended exam modification recommendations that are specifically related to the disability and that are reasonable within the context of this licensing exam.

Additionally, if you are requesting alternative testing arrangements because of a disability other than physical, your documentation must meet the following requirements.

- It must include the name and date of diagnostic test(s), including the diagnostic test scores, designed for purposes other than screening. The Diagnostic test(s) should:
 - Be current, i.e., completed within the past five years;
 - Demonstrate a significant discrepancy in your performance and your expected capability level;
 - Demonstrate the current functional impact of your disability.

Documentation, in itself, does not automatically support the granting of alternative testing arrangements.

Documentation (check one of the following):

- I am requesting alternative testing arrangements listed below because of a disability. Therefore, I have enclosed medical documentation as indicated on page 10 of the Candidate Handbook.
- wheelchair-accessible facilities
 - frequent breaks (e.g., for those with hypoglycemia or diabetes)
 - use of a magnifying glass, color overlays, or a ruler (e.g., for those with a visual impairment)
 - use of a scribe for a written response to an open-response item (e.g., for those with a motor impairment)
 - extra testing time due to a learning disability
 - food allergies which prevent me from participating in a portion of the Culinary Arts Performance Exam
 - OTHER (Please Specify) _____
-
-

- Check here if you are requesting a **Monday** administration because you are unable to take the test at the regularly scheduled Saturday administration due to your religious practices or Military reasons.

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

- I have not previously been granted alternative testing arrangements for the Technical Teacher Testing Program Skills Exams.
- For a previous administration of the Technical Teacher Testing Program Skills Exams, I was granted the same alternative testing arrangements as I am currently requesting. (Please indicate the most recent test date: _____)
- For a previous administration of the Technical Teacher Testing Program Skills Exams, I was granted different alternative testing arrangements from those that I am currently requesting. (Please explain, including the test date.)
-
-
-

I state the following under the pains and penalties of perjury. I have read the Vocational Technical Teacher Testing Program Candidate Handbook and hereby agree to abide by the conditions set forth in the handbook, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I am submitting, together with this completed Alternative Testing Arrangements Request Form, my registration form, proper payment, and any required documentation as noted in the handbook. I understand that the Vocational Technical Teacher Testing Program reviews all requests for alternative testing arrangements as they are received and makes decisions on each request on a case-by-case basis. However, because of the time it takes to adequately review request, and because of test dates and staffing constraints, the Vocational Technical Teacher Testing Program cannot guarantee that requests received less than 30 days prior to the requested exam date can be accommodated for the chosen test date. 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 exam(s) under alternative conditions. I understand and agree that an alternative exam date is available only to candidates whose military or religious practices prohibit them from Saturday testing. If I am requesting an alternative test date, I certify that I am doing so solely for this reason and that any misrepresentation of this information may result in the voiding of my test results.

Signature

Date