

Alternative Testing Arrangements Request Form

for Computer-Based Testing

Michigan Test for Teacher Certification **Evaluation Systems** Pearson P.O. Box 660 Amherst, MA 01004-9001

If you mail your request using an express mail service, please use this address:

300 Venture Way Hadley, MA 01035

Telephone: (413) 256-2876 Fax number: (413) 256-7075 **Attn: Alternative Testing**

Arrangements Coordinator

Please submit this form and all required documentation as soon as possible. You will not be able to schedule a test appointment with accommodation(s) until your request has been reviewed and

If you are submitting this form and your documentation by fax, please call (800) 823-9225 or (413) 256-2876 to confirm that all of your faxed materials have been received.

NOTE:

Before completing and submitting this form, please begin the registration process online at the MTTC website, www.mttc.nesinc. com. After you register, mail or fax this form and your supporting documentation to Evaluation Systems. You will be contacted regarding the resolution of your request, usually within three weeks, and will then be able to schedule your test appointment.

1.	Name					
				NA:-d-U-		
	Last		First	Middle Initial		
2.	Address			IIIIIII		
	P.O. Box or Street Address					
	City or Town		State ZIP Code	Э		
3.	Social Security Number 4. Customer Number (found in your account at www.mttc.nesinc.com					
	XXXXX					
5.	Telephone Numbers Daytime		Evening			
	Area Code	Area Code	•			
6.	Test center preference (see "Test Sites" or www.pearsonvue.com		Test(s) for which you registered:			
	Test Center: City and State					
8.	Testing window preference (see "Test Dates for Computer-Based Testing	ng"):				
	Month	Year				
•	For Individuals for Whom English Is Not	a Duimanu Langu				

9. For Individuals for Whom English Is Not a Primary Language

Check here if you are indicating a request for an extension of testing time, up to one-and-a-half times the standard testing session. By doing so you certify that the basis of your request is the fact that English is not your primary language. Note: this extension is not offered for world language subject-area tests.

You must enclose documentation supporting your request that certifies that English is not your primary language. The documentation should be

- a statement by an authorized representative of your institution of higher education (e.g., Bilingual Program Coordinator, Dean) who is able to certify that English is not your primary language;
- presented on official institution letterhead; and
- signed by the authorized individual, including his or her printed name and position;

(for individuals born outside of the United States, in a country where English is not the primary official language) a copy of your birth certificate or visa.

Proceed to section 13 of this form if this is your only request.

10.	Identify the disability for which you are requesting alternative testing arrangements.	11.	List the specific alternative testing arrangement(s) that you are requesting.				
12.	Documentation (check one of the following):						
	□ I am requesting one of the alternative testing arrangement documentation is not required for the following accommon						
	Allowance of a medical device in the testing room						
	Use of a trackball mouse						
	Adjustable table						
	□ I am requesting alternative testing arrangements other than those listed above. Therefore, I have enclosed documentation as indicated on the current program website.						
	☐ My institution is submitting an Institutional Verification of Documentation on my behalf.						
13	Previous alternative testing arrangements (check one of the following):						
10.	☐ I have not previously been granted alternative testing arrangements for the MTTC.						
	☐ For a previous administration of the MTTC, I was granted the same alternative testing arrangements as I am						
	currently requesting. Indicate the most recent test date:						
	$\hfill\Box$ For a previous administration of the MTTC, I was granted	d diffe	rent alternative testing arrangements from those that I				
	am currently requesting. Please explain, including the tes	st date) :				
14	 I have read the current program website and hereby agree Test Participation, and I certify that I am the person whose 	e to at	bide by the conditions set forth, including the Rules of				
	my test registration and submitted correct payment. I am s	submit	tting, together with this completed Alternative Testing				
	Arrangements Request Form for Computer-Based Testing website. If my institution is submitting an Institutional Verif						
	institution to submit a copy of the documentation reference	ed on	that form to Evaluation Systems upon request.				
	I understand that the information I provide, including any supporting documentation, may be shared with the MDE in order to process my request. I understand that I should submit my request and all necessary documentation as early						
	as possible in advance of my desired test date. Because of	of spa	ce, staff, and time constraints, I may not be able				
	to schedule a test appointment with accommodations in malternative testing arrangements I have requested herein any such request is granted, I understand that I will be taken	will be	given due consideration. If, and to the extent that,				
	Signature		Date				