

# Request for Special Modification of Standard GED Test Administration for Test-takers with Motor or Sensory Disabilities

2021 Brunswick Street  
PO Box 578  
Halifax, NS B3J 2S9  
Phone: (902) 424-3626  
FAX: (902) 424-1171

Due to the time required to review these cases, you must submit this form along with your application form, GED fee, and medical documentation at least **FOUR WEEKS** prior to the preferred writing date.

This form is to be completed and sent to the GED Testing Service in Halifax for consideration. Supporting medical documentation or a summary of recognized and standardized test results verifying the condition **MUST** be included or this request cannot be considered.

<b>Test-taker Information</b>	<b>This section is to be completed by the test-taker.</b>	
	_____ GED Test-taker Name (please print)	_____ Date of Birth
	_____ Address	
	_____ Preferred Testing Date	_____ Preferred Testing Location (City, Town)
	<p><b>I give permission to release my medical records to verify my special testing request.</b></p> <p>_____ Signature of GED Test-taker or Guardian</p>	

**The remainder of this form must be completed by the certifying professional.** Briefly describe the special modification in standard GED test administration that you propose. Please define the motor or sensory condition(s) that make accommodations necessary and **attach any supporting documents**.

<b>Reasons for Special Accommodations</b>	<ul style="list-style-type: none"> <li>● <b>Description of Motor or Sensory Disability:</b> _____ _____ _____</li> </ul>								
	<ul style="list-style-type: none"> <li>● <b>Modification Requested:</b> Check only those that are required for fair testing. Do not check accommodations which would be helpful, but not required for fair testing.</li> </ul> <table> <tr> <td><input type="checkbox"/> Extra time</td> <td><input type="checkbox"/> Large print edition</td> </tr> <tr> <td><input type="checkbox"/> Printed test instructions</td> <td><input type="checkbox"/> Audiocassette</td> </tr> <tr> <td><input type="checkbox"/> Interpreter for deaf candidate</td> <td><input type="checkbox"/> Scribe</td> </tr> <tr> <td><input type="checkbox"/> Frequent Breaks</td> <td><input type="checkbox"/> Other; please describe: _____</td> </tr> </table> <p style="text-align: right;">Continue on back page if necessary</p>	<input type="checkbox"/> Extra time	<input type="checkbox"/> Large print edition	<input type="checkbox"/> Printed test instructions	<input type="checkbox"/> Audiocassette	<input type="checkbox"/> Interpreter for deaf candidate	<input type="checkbox"/> Scribe	<input type="checkbox"/> Frequent Breaks	<input type="checkbox"/> Other; please describe: _____
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<ul style="list-style-type: none"> <li>● <b>Certifying Professional:</b></li> </ul> <table> <tr> <td><input type="checkbox"/> M.D.</td> <td><input type="checkbox"/> Social Worker</td> </tr> <tr> <td><input type="checkbox"/> Rehabilitative Counselor</td> <td><input type="checkbox"/> Teacher (can verify existence of medical records)</td> </tr> <tr> <td><input type="checkbox"/> Career Counselor</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> M.D.	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Rehabilitative Counselor	<input type="checkbox"/> Teacher (can verify existence of medical records)	<input type="checkbox"/> Career Counselor	<input type="checkbox"/> Other _____			
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<input type="checkbox"/> Career Counselor	<input type="checkbox"/> Other _____								
_____ (Address and phone number)									

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Professional

**DEPARTMENT OF LABOUR AND  
WORKFORCE DEVELOPMENT  
GED® REGIONAL OFFICES**

**Halifax Regional Municipality**

GED Testing Service, Department of Labour and Workforce Development  
4th Floor, 2021 Brunswick Street, Brunswick Place  
PO Box 578, Halifax, NS B3J 2S9  
(902) 424-4227

**Cape Breton and Victoria Counties**

GED Testing Service, Department of Labour and Workforce Development  
360 Prince Street, 3<sup>rd</sup> floor, Suite 39  
Sydney, NS B1P 5L1  
(902) 563-2312

**Guysborough, Antigonish, Richmond  
and Inverness Counties**

GED Testing Service, Department of Labour and Workforce Development  
c/o Strait Area Campus, NSCC  
226 Reeves Street  
Port Hawkesbury, NS B9A 2A2  
(902) 625-3761

**Hants, Kings, Annapolis, and Digby Counties**

GED Testing Service, Department of Labour and Workforce Development  
10 Webster Street, Suite 202  
Kentville, NS B4N 1H7  
(902) 679-6203

**Colchester, Cumberland and Pictou Counties**

GED Testing Service, Department of Labour and Workforce Development  
60 Lorne Street, Suite 3  
Truro, NS B2N 3K3  
(902) 893-5890

**Lunenburg, Queens, Shelburne, and Yarmouth, Counties**

GED Testing Service, Department of Labour and Workforce Development  
80 Logan Road  
Bridgewater, NS B4V 3J8  
(902) 543-0649

**FOR OFFICE USE ONLY**

- Approval pending, reason:
  - Additional information required
  - Supporting documentation required

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- Not approved, reason:

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- Approved with the following modifications only

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- Approved with modifications as requested

- Testing assigned to:

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\_\_\_\_\_  
**GED Administrator**

\_\_\_\_\_  
**Date**