

Request for Special Modification of Standard GED Test Administration for Test-takers with Learning 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 documentation of recognized and standardized test results verifying the condition **MUST** be included or this request cannot be considered.

Test-taker Information

This section is to be completed by the test-taker.

GED Test-taker Name (please print)

Date of Birth

Address

Preferred Testing Date

Preferred Testing Location (City, Town)

I give permission to release my
psychological/educational records
to verify my special testing request.

Signature of GED Test-taker or Guardian

*The remainder of this form must be completed by the certifying professional, registered psychologist, or educational diagnostician. It should describe the conditions or circumstances that make accommodations necessary. Supporting medical documentation or a summary of recognized and standardized test results verifying the condition or circumstances **MUST** accompany this form.*

Reasons for Special Accommodations

• **Description of Learning Disability:**

• **Modification Requested:**

Check only those that are required for fair testing. Do not check accommodations which would be helpful, but not required for fair testing.

- | | |
|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Extra time | <input type="checkbox"/> Large print edition |
| <input type="checkbox"/> Printed test instructions | <input type="checkbox"/> Audiocassette |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Frequent Breaks |
| <input type="checkbox"/> Other; please describe: _____ | |

Continue on back page if necessary

• **Background of Certifying Professional:**

(Education and work experience)

(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, 3rd 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
c/o Kingstec Campus, NSCC
236 Belcher Street
Kentville, NS B4N 0A6
(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

- Not approved, reason:

- Approved with the following modifications only

- Approved with modifications as requested

- Testing assigned to:

GED Administrator

Date