

2018–19

TOEFL iBT® Tests

Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs

NOTE: This supplement contains procedures and forms for requesting accommodations for the *TOEFL iBT*® Test. It should be used together with the 2018–19 *TOEFL*® *Information Bulletin*.

www.ets.org/disabilities

Visit the ETS website at ***www.ets.org/disabilities***
for the most up-to-date information.

TABLE OF CONTENTS

General Information	3
Contact Information	3
How to Request Accommodations	4
Step 1: Determine Your Accommodations	5–6
Health-Related Needs and Minor Accommodations	6
Step 2: Review the TOEFL Bulletin	6
Step 3: Complete the Registration Form	7
Step 4: Complete the Testing Accommodations Request Form	7
Step 5: Gather Your Disability Documentation	8
Step 6: Submit Completed Forms and Documentation	9
Using Previously Approved Accommodations	9
Step 7: Register and Submit Payment Once Your Request is Approved	10
Deadline for Accommodations Requests	10
Requests to Change or Cancel Tests	11
Test Preparation	11
Scoring and Reporting	11
<u>FORMS</u>	
TOEFL iBT® Testing Accommodations Request Form	12
Part I – Applicant Information	12–14
Part II – Accommodations Requested	15–16
Part III – Certification of Eligibility: Accommodations History	17–21
<i>TOEFL iBT®</i> Registration Form for Test Takers with Disabilities or	
Health-related Needs	22–25
Acknowledgment	26–28
Glossary	29–30

GENERAL INFORMATION

Test takers requesting accommodations MUST complete a *Testing Accommodations Request Form* (see page 7), and the registration form (see page 7) and have their accommodations approved BEFORE their test can be scheduled. All forms and documentation must be submitted through ETS Disability Services.

ETS is committed to serving test takers with disabilities or health-related needs by providing reasonable accommodations that are appropriate given the purpose of the test. If you have a health-related need that requires you to bring equipment, beverages or snacks into the testing room, or to take extra or extended breaks, you must follow the accommodations request procedures. See “Health-Related Needs and Minor Accommodations” on page 6.

The information provided in this publication, in the program’s Bulletin and on the TOEFL website should answer any questions you may have about requesting accommodations and registering for a test. The TOEFL Bulletin is available at www.ets.org/toefl.

While many test takers with disabilities successfully take the TOEFL test with appropriate accommodations, some may want to ask their prospective institution or fellowship sponsor whether it is willing to waive the test requirement and consider their application based on other information.

All questions related to accommodations decisions should be sent to ETS Disability Services. See contact information below.

CONTACT INFORMATION

ETS Disability Services

Monday – Friday 8:30 a.m. – 5 p.m. U.S. Eastern Time (New York)

Phone: 1-866-387-8602 (toll-free in the U.S., U.S. Territories and Canada)

1-609-771-7780 (all other locations)

Email

Inquiries: stassd@ets.org

Mail: ETS Disability Services
PO Box 6054
Princeton, NJ 08541-6054 U.S.A.

Courier Service: ETS Disability Services
225 Phillips Boulevard
Ewing, NJ 08628-1426 U.S.A.

HOW TO REQUEST ACCOMMODATIONS

If you are requesting accommodations, **ETS Disability Services must review and approve your request before your test can be scheduled.** Accommodations cannot be applied to a test that has already been scheduled. To request accommodations, follow the steps below:

☐ **STEP 1: Determine your accommodations.**

Look at the list of commonly requested and approved accommodations on pages 5–6 and determine the accommodations you need.

☐ **STEP 2: Review the TOEFL Bulletin.**

Review the 2018–2019 TOEFL Information and Registration Bulletin and TOEFL website. (page 6)

☐ **STEP 3: Complete the registration form.**

Complete the registration form. See “Step 3: Complete the Registration Form” on page 7.

☐ **STEP 4: Complete the Testing Accommodations Request Form.**

Complete the *Testing Accommodations Request Form*. See “Step 4: Complete the Testing Accommodations Request Form” on page 7.

☐ **STEP 5: Gather your disability documentation.**

Gather disability documentation, if required. Sending documentation that is not required will delay the review process. See “Step 5: Gather Your Disability Documentation” on page 8 and review the ETS “Guidelines for Disability Documentation in Adolescents and Adults” on the ETS website at www.ets.org/disabilities/documentation.

☐ **STEP 6: Submit completed forms and documentation.**

Submit all completed forms, and appropriate documentation, if required. Forms can be submitted by mail or email. **Failure to include all forms and documentation will cause a delay in processing your request.** See “Step 6: Submit Completed Forms and Documentation” on page 9.

☐ **STEP 7: Register and submit payment once your request is approved.**

For the TOEFL iBT test, fees are paid at this step. See “Step 7: Register and Submit Payment Once Your Request is Approved” on page 10.

STEP 1: DETERMINE YOUR ACCOMMODATIONS

The list below includes some of the most commonly requested and approved accommodations. If you would like to request accommodations **other than those listed below**, you must describe them in Part II of the *Testing Accommodations Request Form* on pages 15–16.

Extended Testing Time (all tests are timed)

- 50 percent (time and one-half)
- 100 percent (double time; documentation required)

Extra Breaks — breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

Accommodations for the TOEFL iBT Test

- Ergonomic keyboard
- IntelliKeys keyboard
- Keyboard with touchpad
- Screen magnification
- Selectable foreground and background colors
- Trackball

Assistance

- Human reader
- Scribe

Assistance for Spoken Directions (only for applicants who are deaf or hard-of-hearing)

- Oral interpreter
- Sign language interpreter

Assistance for Note Taking (only for applicants who are blind or low vision)

- Braille slate and stylus
- Perkins brailler®

Alternate test formats

- Braille (only applicants who are blind or have low vision)
- Large-print test book
- Large-print answer sheet
- Audio recording

For TOEFL iBT® Test (only applicants who are deaf or hard-of-hearing or have speech disabilities)

- Listening section omitted
- Speaking section omitted

HEALTH-RELATED NEEDS AND MINOR ACCOMMODATIONS

“Health-related needs” refers to a variety of medical conditions that impact a major life activity, such as those affecting digestion, immune function, respiration, circulation, endocrine functions, etc. Documented health needs include conditions such as diabetes, epilepsy and chronic pain.

Some documented health needs require **only minor accommodations**. Minor accommodations include, but are not limited to: special lighting; adjustable table or chair; extra breaks for medication or snacks; or a separate room if food, beverages or glucose testing materials are necessary during the test session. ETS in conjunction with Prometric has developed a list of pre-approved personal items that do not require approval. Please refer to Pre-Approved Personal Items. (<http://www.ets.org/disabilities/prometric>)

If you require minor accommodations, you must submit:

- the **registration form** (see “Step 3: Complete the Registration Form” on page 7)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 4: Complete the Testing Accommodations Request Form” on page 7)
- a **letter of support** from a medical doctor or other qualified professional stating the nature of the condition and the reason for the minor accommodation requested (a note on a prescription pad is not acceptable)
- the **appropriate test fee**.

IMPORTANT NOTE ABOUT PAYMENT: If you prefer to submit your documents via email, do not include credit card information on your registration form. Once your application is approved, you will be sent an email with instructions regarding payment options.

Some medical aids do not require approval for accommodations. These aids include, but are not limited to, those that are necessary for you to ambulate (cane, crutches, wheelchair, walker, prosthetic limb, service animal) or communicate (hearing aid, voice amplifier) or those that are otherwise required for health reasons (heart rate monitor). If you require these types of medical aids, you do not need to request accommodations. If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump that is attached to your body plus the transmitter used to program the pump) or your pump is especially noisy. If the pump cannot be silenced and is likely to disturb other test takers, requesting accommodations is a good idea so you can be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require accommodations; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

STEP 2: REVIEW THE TOEFL BULLETIN

The TOEFL Information and Registration Bulletin includes program policies, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information. The TOEFL Bulletin is available at www.ets.org/toeflbulletinsandforms.

STEP 3: COMPLETE THE REGISTRATION FORM

Complete the registration form (see pages 22–25) or on the TOEFL website, www.ets.org/toefl.

- 2018–19 TOEFL iBT® Registration Form for Test Takers with Disabilities or Health-related Needs

STEP 4: COMPLETE THE TESTING ACCOMMODATIONS REQUEST FORM

Complete the *Testing Accommodations Request Form* available on pages 12–21.

Part I — Applicant Information (pages 12–14)

All test takers must complete this section and sign the Applicant’s Verification Statement, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years.

Part II — Accommodations Requested (pages 15–16)

All test takers must complete this section, even if you are registering for accommodations identical to those that have been approved for you by ETS within the last two years. If you are requesting accommodations other than those listed in Part II, you must describe them under “Other Accommodations.”

Part III — Certification of Eligibility: Accommodations History (COE) (pages 17–21)

All test takers are requested to submit a Certification of Eligibility: Accommodations History as verification of their use of accommodations in employment or post-secondary education within the past three years. (If you have been approved by ETS within the past two years for the same accommodations that you are currently requesting on the same test, you do NOT need to submit a Certification of Eligibility: Accommodations History.)

In some instances, the Certification of Eligibility: Accommodations History is sufficient to document a disability and can be used in place of full documentation. See page 17 for details. The authorized person submitting the Certification of Eligibility: Accommodations History must certify that the documentation on file meets the ETS Documentation Criteria on page 17. ETS reserves the right to request the actual documentation.

STEP 5: GATHER YOUR DISABILITY DOCUMENTATION

You must submit disability documentation if:

- you are requesting accommodations other than 50 percent (time and one-half) and/or extra breaks; or
- you indicate in Part I of the *Testing Accommodations Request Form* that you have a medical condition, or you check “Other” under “Nature of your disability;” or
- you were first diagnosed with a disability within the past 12 months; or
- you are requesting accommodations that are different from those that ETS approved for you within the last two years, or you are requesting those same accommodations but for a different test; or
- you have not previously used the accommodations you are now requesting; or
- you have a sensory disability and your accommodations request does NOT match the specifications that follow; or
- you are unable to submit a Certification of Eligibility: Accommodations History.

DO NOT send documentation if you are not required to do so. Once documentation has been submitted and reviewed, all decisions are based on the documentation. Sending documentation that is not needed will delay the review process. An Individualized Education Program (IEP) or 504 Plan alone may not be used.

If you are blind or legally blind, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- | | | |
|---|---------------------------------|--|
| ○ Screen magnification | ○ Audiocassette or CD recording | ○ 50 percent extended time (time and one-half) |
| ○ Selectable background and foreground colors | ○ Reader | ○ Extra breaks |
| ○ Braille | ○ Scribe | |
| ○ Large print (test book and/or answer sheet) | ○ Braille slate and stylus | |
| | ○ Perkins braille® | |

If you are blind or legally blind, a request for 100 percent extended time (double time) does not require documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting braille, a reader, or an audio recording.

If you have low vision or some other condition that affects visual functioning, such as an eye coordination disorder, please refer to the “Guidelines for Documentation of Blindness and Low Vision in Adolescents and Adults” on the ETS website at www.ets.org/disabilities/documentation.

If you are deaf or hard-of-hearing, you do NOT need to submit documentation if you are submitting a Certification of Eligibility: Accommodations History and you are requesting only accommodations from the list below.

- | | |
|--|--|
| ○ Listening section omitted | ○ Sign language interpreter (for check-in assistance and spoken directions only) |
| ○ Speaking section omitted | ○ Oral interpreter (for check-in assistance and spoken directions only) |
| ○ 50 percent extended testing time (time and one-half) | |
| ○ Extra break(s) | |

STEP 6: SUBMIT COMPLETED FORMS AND DOCUMENTATION

Requests for testing accommodations may be submitted via mail or email. Be sure to include all of the documents listed below. An incomplete application will cause a delay in processing your request.

- **Registration form.** Complete the 2018–2019 TOEFL iBT Registration Form for Test Takers with Disabilities or Health-related Needs (see “Step 3: Complete the Registration Form” on page 7).
- **Testing Accommodations Request Form** (see “Step 4: Complete the Testing Accommodations Request Form” on page 7)
- **Disability documentation**, if required (see “Step 5: Gather Your Disability Documentation” on page 8)

Submitting Requests by Mail or Courier Service

Mail: ETS Disability Services
PO Box 6054
Princeton, NJ 08541-6054 U.S.A.

Courier Service: ETS Disability Services
225 Phillips Boulevard
Ewing, NJ 08628-1426 U.S.A.

Submitting Requests via Email

Requests for testing accommodations can be emailed to ***disability.reg@ets.org***.

Do not submit requests to the Contact Information email listed on page 3. Requests submitted to that email address will not be processed.

IMPORTANT NOTE: If you prefer to submit your documents via email, do not include credit card information on your registration form. Once your application has been approved, you will be sent an email with instructions regarding payment options.

To email your request:

- Download and print the registration form
- Download this Bulletin Supplement and print the Testing Accommodations Request Form (pages 12–21)
- Complete all documents
- Scan the registration form, the testing accommodations request form, and disability documentation (if required)
- Attach all documents to email
- Send email to ***disability.reg@ets.org***

USING PREVIOUSLY APPROVED ACCOMMODATIONS

If you have received approved accommodations from ETS within the last two years and your documentation is still current, you may request the same accommodations for a TOEFL test during the 2018–19 testing year. If you are registering for a different test, the accommodations ETS previously approved for you within the last two years will be approved again if they are appropriate for the current test.

To register, submit:

- the **registration form** on page 22 and/or the TOEFL website (see “Step 3: Complete the Registration Form” on page 7)
- **Part I and Part II of the *Testing Accommodations Request Form*** (see “Step 4: Complete the Testing Accommodations Request Form” on page 7); be sure to indicate the previous test name and test date

IMPORTANT NOTE ABOUT PAYMENT: If you prefer to submit your documents via email, do not include credit card information. Once your application has been approved, you will be sent an email with instructions regarding payment options.

STEP 7: REGISTER AND SUBMIT PAYMENT ONCE YOUR REQUEST IS APPROVED

ETS will send you an authorization letter confirming the accommodations that have been approved.

- **TOEFL iBT test**
The authorization letter will include instructions that you must follow to schedule your test. Do not register to test until you receive your authorization letter. When scheduling your test, be prepared to provide the authorization/voucher number and the information contained in the letter.
- **Alternate test formats**
When you receive your authorization letter, you are registered. The authorization letter will identify the testing location and test administrator. If the test center cannot accommodate your request on the scheduled test date, you will be contacted to arrange an alternate test date.
- A representative from ETS Disability Services will contact you to confirm the accommodations approved for you and to schedule your test.

DEADLINE FOR ACCOMMODATIONS REQUESTS

Your request for accommodations should be submitted as early as possible, especially if you are requesting an alternate test format. Documentation review takes approximately six weeks once your request and complete paperwork have been received at ETS. If additional documentation must be submitted, it can be another six weeks from the time the new documentation is received until the review is complete.

ETS is committed to producing alternate test formats as quickly as possible; however, production times may vary. Check the website for the test dates so you can plan accordingly.

REQUESTS TO CHANGE OR CANCEL TESTS

For program policies regarding requests to change or cancel tests, see the *Information and Registration Bulletin* on the TOEFL website, www.ets.org/toefl. Rescheduling is permitted only within the same testing year.

If you are scheduled to take the TOEFL iBT test at a Prometric® center, you may change or cancel your test by calling Prometric at 1-800-967-1139. If you need to change or cancel an alternate test format, contact ETS Disability Services. See page 3 for contact information.

TEST PREPARATION

For test preparation information, go to “Prepare for the Test” at <http://www.ets.org/toeflibtlprepare/>

If you need preparation materials in an alternate format not already on the website, contact ETS Disability Services. See page 3 for contact information.

Test takers are advised to consult ETS’s “Tips for Test Takers with Disabilities,” which is available at www.ets.org/disabilities/tips.

SCORING AND REPORTING

Test takers who are blind can contact ETS Disability Services by phone for their test scores. See page 3 for contact information.

If the Listening section is omitted for an applicant who is deaf or hard-of-hearing, no Listening section score or total score will be reported. If the Speaking section is omitted for an applicant who is deaf or hard-of-hearing, or for an applicant with a speech disability, no Speaking section score or total score will be reported. Only scores for the sections that are taken will be reported. The score report will indicate that the section or sections were not taken by the test taker. No other information will be provided.

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information

Instructions: Complete this page and sign the Applicant's Verification Statement on page 14.

Today's Date: _____ / _____ / _____
Month Day Year

Applicant's Name (print your name as it appears on your ID documents — leave one blank box between names)

First Name	M.I.	Last Name

[illegible][illegible][illegible][illegible]

Gender **Date of Birth** **U.S. Social Security Number** (last 4 digits)

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Day Phone Number

Evening Phone Number

Fax Number

[illegible]

TOEFL iBT® Test

Nature of your disability (check all that apply):

☐ Blind or legally blind ☐ Physical (identify condition)

☐ Low vision

☐ Deaf ☐ Psychological (identify condition)☐ Hard-of-hearing

☐ ADD/ADHD ☐ Medical condition (identify condition; must submit documentation)

☐ Learning Disability _____

☐ Traumatic Brain Injury ☐ Other (identify condition; must submit documentation)

When was your disability first diagnosed? _____ / _____ Date of professional's most recent evaluation: _____ / _____
Month Year Month Year

Other than testing accommodations, describe what strategies, devices or medications you ordinarily use to manage your condition (Optional):

(continued on next page)

CONSENT

Notwithstanding anything to the contrary in any other ETS or ETS affiliate's ("ETS," "we," "us," "our") materials or agreements with you, you consent to the terms and conditions herein by registering for or taking an ETS test; creating an online account or using our website; providing survey information or requesting one of our services; or completing order or payment information. You agree that we have the right to obtain, store (only for as long as necessary), use and transmit your personal information, including full name, home address, email address, telephone number, Social Security number, passport number, biometric data, such as fingerprints, audio recordings and video files and your answers to other background information questions; the test you are registering for; test date; payment information; and how you specifically use our website ("Personal Information").

We use your Personal Information to:

- complete any registration, purchases or other transactions you request online
- improve our products and services, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the website
- notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our website

Based upon your specific relationship(s) with us for a particular product or service, we may use your personal information in ways described in more detail in one or more other agreements.

Additionally, you consent to the transfer of your personal information within and outside of your country of residence and outside of the location where you have taken the test(s).

We disclose your personal information to certain third parties with whom we have a direct or indirect business or contract relationship, to provide the products and services you have requested.

You will have the ability to opt out of receiving certain communications from us, including voicemail or email. If you do not opt out immediately, but later decide that you would prefer not to receive email communications from us, please contact that particular testing program through **www.ets.org**. Remember, however, that we may still send email or call you in order to provide a product or service that you request.

Australia requires ETS to provide notification to AU residents. For Australian residents only, please be informed that if you consent to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

By using this form, you consent to the terms and conditions above and those more fully outlined in the ETS Privacy Policy located at **www.ets.org/legal/privacy** or attached hereto.

(continued on next page)

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM

Part I — Applicant Information *(continued)*

[illegible]

Verification Statement to Be Signed by Applicant

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide ETS with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to ETS a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If I am requesting the use of an assistive device, I am familiar with its use.

I understand that all information that is necessary to process this application must be available to ETS sufficiently in advance of the test administration date to provide time to evaluate and process my request for accommodations. I also understand that processing can take 4 to 6 weeks from the time the application is complete. If additional information is requested, the 4 to 6 week time frame begins when the requested information is received. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodation is warranted and appropriate.

If I am submitting Part III — Certification of Eligibility: Accommodations History, I acknowledge that my request for accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed it. I also understand that ETS does not waive its right to ask the person who completes Part III on my behalf to submit the supporting documentation, if necessary, either before or after the test administration date.

I authorize any person completing Part III on my behalf to release this information to ETS upon ETS's request. I also understand that the documentation in support of my request for accommodations supersedes any information contained in the Certification of Eligibility: Accommodations History. For quality assurance, the Certification of Eligibility: Accommodations History may be subject to audit resulting in a review of the actual disability documentation on file.

I acknowledge that any submitted information may also be used for research purposes, and that in no case will any individual be identified by name in research studies, and that the information will be protected by the terms of ETS's Confidentiality of Data Policy.

I further understand that ETS reserves the right to withhold or cancel my scores if it is subsequently determined that, in ETS's judgment, any information presented in this application or supporting documentation is either questionable, inaccurate or used to obtain accommodations that are not necessary.

I understand that ETS has contracted with an external panel of expert consultants with whom it may consult to augment its in-house expertise. By submitting my request for accommodations, I authorize and provide my consent to ETS to share my personal information as needed concerning this request.

Signature of Applicant

Today's Date

Keep a copy of this completed form for your records.

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM

Part II — Accommodations Requested

Applicant's Name: _____

[illegible]

Today's Date: ____ / ____ / ____

Month Day Year

If you have received ETS approval within the last two years for accommodations identical to those you are requesting now, and your documentation is still current, please indicate the following:

Program: ☐ GACE® ☐ GRE® ☐ HiSET® ☐ ParaPro ☐ Praxis®

☐ School Leadership Series ☐ Texas Educator Certification ☐ TOEFL

Previous test(s) taken: _____ Previous test date(s) (month/year): _____

Previous test date(s) (month/year): _____

REQUESTED ACCOMMODATIONS (Check all that apply)

Accommodations for Computer-delivered Tests

- ☐ Ergonomic keyboard
- ☐ IntelliKeys keyboard
- ☐ Keyboard with touchpad
- ☐ Screen magnification
- ☐ Selectable background and foreground colors
- ☐ Trackball

Alternate Test Formats

- ☐ Braille (only applicants who are blind or have low vision)
- ☐ Large-print test book (Test taker must also request paper-delivered test as an accommodation on page 16 — Under Other Accommodations)
- ☐ Large-print answer sheet
- ☐ Audio recording
- ☐ Listening section omitted
- ☐ Speaking section omitted (only applicants who are deaf or hard-of-hearing or have speech disabilities)
- ☐ Extended time for spoken responses¹

(continued on next page)

¹ Extended time for the TOEFL test generally does not apply to spoken responses.

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM
Part II — Accommodations Requested (*continued*)

[illegible]

Assistance (NOTE: If you are requesting a human reader and/or a scribe, and your disability is NOT blindness or legal blindness, you must submit documentation for review.)

- ☐ Human reader
- ☐ Scribe
- ☐ Braille slate and stylus (for note taking only; and only applicants who are blind or have low vision)
- ☐ Perkins brailler (for note taking only, and for applicants who are blind or have low vision)
- ☐ Sign language interpreter (for check-in assistance and spoken directions only) (Only applicants who are deaf or hard-of-hearing)
- ☐ Oral interpreter (for check-in assistance and spoken directions only) (Only applicants who are deaf or hard-of-hearing)

Extended Testing Time (NOTE: All tests are timed; if you are requesting more than 50 percent extended time, documentation must be submitted.)

- ☐ 50 percent (time and one-half) ☐ 100 percent (double time)

Extra Breaks. Breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

- ☐
- Yes

Other Accommodations. If you are requesting accommodations other than those listed on page 15 and above (e.g., separate testing room or use of a calculator), please describe them below and submit appropriate documentation.

NOTE: If you are requesting a large-print paper test as an accommodation on a test that is ordinarily computer-delivered, please indicate here.

1. _____
2. _____
3. _____
4. _____
5. _____

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM
Part III — Certification of Eligibility: Accommodations History

Applicant's Name:

(Please Print)	First Name	M.I.	Last Name
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The Certification of Eligibility (COE): Accommodations History serves two distinct purposes:

- to provide verification of an individual's use of accommodations in either college or in the workplace
- as a shortcut for approval of certain specific accommodations for most disabilities.

A completed COE: Accommodations History will only be considered in place of disability documentation from qualified applicants with

1. LD, ADHD, TBI, ASD, psychiatric disabilities, and/or physical disabilities, who are requesting 50% extra time and/or additional breaks only; OR
2. Visual impairments or hearing losses who are requesting those accommodations listed on page 5 for these conditions.

For any other accommodations (double time, separate room, reader, etc.) applicants must submit disability documentation directly to ETS for review.

This form must be completed and signed by an authorized professional representing one of the following:

- Office of Disability Services at test taker's college or university
- Human Resources office at test taker's place of employment
- Department of Vocational Rehabilitation (DVR) office in test taker's state of residence

Certification of Eligibility: Accommodations History forms completed and signed by members of the applicant's family, or by the licensed and/or certified individual who diagnosed the disability, will not be considered.

After reading this page, please complete pages 18 to 21.

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM

Part III — Certification of Eligibility: Accommodations History *(continued)*

Applicant's Name: _____

(Please Print)

First Name

M.I.

Last Name

DIRECTIONS FOR COMPLETING THE COE: Accommodations History

The COE can be used in lieu of documentation or as verification of the accommodations used in a postsecondary setting. The authorized professional should initial each of the documentation criteria listed below. Please clearly write your initials for each item.

Does the candidate's documentation...

Yes

No

N/A

1 _____ Meet the currency criteria set forth at ***www.ets.org/disabilities*** (e.g., LD, ADHD, and/or ASD within 5 years)?

2 _____ Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested?

3 _____ Describe the functional limitations resulting from the diagnosed disability?

4 _____ List the test instruments used in the evaluation report and relevant subtest scores used to document the stated disability? (All test instruments should have adult norms.)

5 _____ Describe the specific accommodation(s) requested and adequately support each requested accommodation?

6 _____ Present itself on official letterhead, printed or typed, signed and dated by an evaluator qualified to make the diagnosis (include information about license, certification, and area of specialization)

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM
Part III – Certification of Eligibility: Accommodations History (*continued*)

Applicant's Name: _____
(Please Print) First Name M.I. Last Name

Provide the following information regarding the disability documentation on file:

- A. Name and credentials of the professional who completed the most recent evaluation.
(e.g., Susan Smith, MD, Psychiatrist)

Name	Degree	Area of Expertise
------	--------	-------------------

- B. Date of professionals most recent evaluation: _____ / _____
Month Year

- C. Applicants diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted:

- D. Please indicate the accommodations the applicant has received at your institution.

Extended testing time (NOTE: all tests are timed; if applicant is requesting more than 50% extended time, documentation must be submitted). Please check the appropriate box:

☐ 25% ☐ 50% ☐ 100% ☐ Other _____

Please list all other approved testing accommodations: If the student used a “reduced distraction testing environment,” please describe that environment.

1. _____
2. _____
3. _____
4. _____
5. _____

- E. During what period of time has the applicant used the above accommodations?

From _____ / _____
Month Year

To _____ / _____
Month Year

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM

Part III — Certification of Eligibility: Accommodations History *(continued)*

[illegible]

F. Has the applicant used these accommodations for at least one semester or four months?

_____yes _____no

G. Where has the applicant used the accommodations?

- ☐ College/University
☐ Place of Employment
☐ Other (indicate): _____

Authorized Professional's Verification Statement

To be signed by an authorized person in the Office of Disability Services, a Human Resources counselor at place of employment or a Vocational Rehabilitation counselor. **NOTE:** The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated in Part III are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the Educational Testing Service (ETS) Documentation Criteria (including ETS policy statement and guidelines about LD, ADHD and psychiatric disabilities, if applicable), and that the applicants documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office. For quality assurance, Part III – Certification of Eligibility Accommodations History may be subject to an audit resulting in a review of the actual disability documentation on file.

In the event that ETS requests a copy of any of the documentation cited above, I agree to send ETS, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement.

I also understand that if ETS determines at any time that the applicant's documentation does not meet the ETS Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM
Part III — Certification of Eligibility: Accommodations History *(continued)*

Applicant's Name:

(please print)			
	First Name	M.I.	Last Name

Authorized Professional's Verification Statement (continued)

Signature of Authorized Professional

Today's Date

Print Name _____

Title	Author	Year	Journal	Volume	Page
...

Name of Institution/Agency/Place of Employment

Telephone	Fax #
-----------	-------

Email Address

Attach Business Card Here



2018–19 TOEFL iBT® REGISTRATION FORM FOR TEST TAKERS WITH DISABILITIES OR HEALTH-RELATED NEEDS

If you are requesting accommodations for the TOEFL® test, you must complete and submit this registration form in addition to the Testing Accommodations Request Form (pages 12–21). **Note:** You cannot schedule a test until you receive your authorization letter. Accommodations can only be provided when you follow the instructions in your authorization letter.

All required fields must be completed, or your form will be returned. Required fields are noted with an asterisk (*).

Note: If you will be **emailing** your accommodations request or prefer to pay online, **do not** enter your credit/debit card information on this form. When your documents are received, an email will be sent to you with instructions about payment.

Print all information clearly. Be sure to enter your name exactly as it is shown on your primary identification document. Use blue or black ink.

Submit this form, together with all your completed forms and documentation requesting accommodations, by mail or email. See details at www.ets.org/disability.

If you have previously taken an ETS iBT-delivered test, please indicate your name, test date, date of birth, and registration number below.

First Name: _____ Test Date: _____

Date of Birth: _____ Registration Number: _____

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*** Last (Family/Surname) Name** (as on photo ID):

*** First (Given) Name** (as on photo ID):

Middle Name or Middle Initial (as on photo ID):

*** Address Line 1:**

Address Line 2:

Address Line 3:

Address Line 4:

* City:

*** State or Province:**

*** Code for Country of Citizenship** (refer to *Bulletin*):

*** ZIP or Postal Code:**

*** Country Code for this Mailing Address** (refer to *Bulletin*):

*** Native Country Code** (refer to *Bulletin*):

Gender:

*** Date of Birth:**

Month

--	--	--

Day

--	--

Year

*** Native Language Code** (refer to *Bulletin*):

Identification Document to be presented on test day: _____

Number on Identification Document:

Country Listed on Identification Document:

*** Primary Phone Number** (include area code, country code, or city code):

Secondary Phone Number (include area code, country code, or city code):

*** E-mail Address:**

23

TEST LOCATION

Choose 2 test locations in order of preference. Print the city name and country name for each choice. For locations and city codes, see the Test Center and Institution Code list in the Test Takers section of the TOEFL website at www.ets.org/toefl.

*** First Choice City Code:**

City Name: _____

Country Name: _____

*** Second Choice City Code:**

City Name: _____

Country Name: _____

TEST DATE

Specify 5 test dates in order of preference. For testing dates, see the Test Takers section of the TOEFL website at www.ets.org/toefl. Please note that testing start times vary. This form must be received at ETS at least 4 weeks before your earliest test date choice.

MM: Month of the Year DD: Day of the Month YY: Year

* First Choice:	MM □ □	DD □ □	YY □ □	Third Choice:	MM □ □	DD □ □	YY □ □	Fifth Choice:	MM □ □	DD □ □	YY □ □
Second Choice:	MM □ □	DD □ □	YY □ □	Fourth Choice:	MM □ □	DD □ □	YY □ □				

If your requested test date(s) cannot be accommodated, you will be scheduled for the next available test date unless you check the box below.

☐ Do not reschedule me, please return my payment.
OFFICIAL SCORE REPORT RECIPIENTS

Using the Test Center and Institution Code list on the TOEFL website at www.ets.org/toefl, indicate where you would like your official score reports sent. The Department Code list is also in the *Bulletin*. Enter a department code only if you are applying for graduate study. If you are not applying for graduate study, you must fill in 00 as the department code for each institution or agency you list.

1. Score Report Recipient:	Institution □ □ □ □	Department □ □	3. Score Report Recipient:	Institution □ □ □ □	Department □ □
2. Score Report Recipient:	Institution □ □ □ □	Department □ □	4. Score Report Recipient:	Institution □ □ □ □	Department □ □

TEST FEES

The TOEFL iBT test fee varies by country. To find out what the fee is for your testing location, go to the TOEFL website, select “Register for the Test,” and choose your test location. Fees are subject to change without notice.

TOEFL iBT test fee\$ _____

Add Value-Added or similar taxes where applicable\$ _____

TOTAL AMOUNT DUE (DO NOT SEND CASH)\$ _____

ACCEPTABLE PAYMENT METHODS

Credit/debit card (American Express®, Discover®, JCB®, MasterCard®, VISA®)
Any credit/debit card branded with one of these five accepted credit card logos can be processed.
Payment type: (check one) ☐ Credit/Debit Card* ☐ Check in US\$ ☐ Money Order in US\$
If paying by credit/debit card, indicate which card you are using, and enter your card number, expiration date, and the cardholder’s name in the spaces below. Your card will be billed for all services you request on this form.

IMPORTANT NOTE: If you are emailing your documents, do not include credit card information on this registration form. Once your application has been received, you will be sent an email with instructions regarding payment.

☐ American Express®☐ Discover®☐ JCB®☐ MasterCard®☐ VISA®

Credit/Debit Card Number

Expiration Date –

MonthYear

Name on Credit/Debit Card

If you are paying by check, be aware that you are authorizing ETS at its discretion to use the information on your check to make a 1-time electronic debit from your account for the amount of your check; no additional amount will be added. All outstanding balances incurred from prior ETS tests or services must be paid in full in order to register for any future ETS test or service.

☐ I understand and acknowledge the terms and conditions outlined in the Acknowledgment attached as pages 26 and 28 of this form.

Please write, DO NOT PRINT, the following statement and sign your name.
I hereby agree to the conditions set forth in the 2018–19 *Information and Registration Bulletin*, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test and whose name and address appear on this form.

Signature: _____ Date: _____

Thank you for registering to take the TOEFL iBT test. Confirmation of this registration will be sent to your email address. Do NOT send your registration form more than once. This will help avoid extra processing by TOEFL Services and unnecessary charges to you.

2018–19 TOEFL iBT Registration Form

25

ACKNOWLEDGMENT

This Acknowledgment, including the Privacy Notice at www.ets.org/legal/privacy, contains the terms and conditions between you and Educational Testing Service (“ETS,” “we,” “us,” “our”) regarding the ETS test you are now registering for and/or the testing products and services you are now requesting (these are together referred to as “Testing Services”). It applies to all actions you take regarding the Testing Services, including creating an online account, providing survey information regarding a test that you take, requesting one of our services relating to the test and completing a test or product order and providing payment information.

Personal Information

In registering for the Testing Services, you acknowledge and agree that we have the right to obtain, collect, store use, disclose (including to public authorities and score recipients), extract and transmit (collectively “use”) the personal information you provide, including your full name, home address, email address, telephone number, social security or similar number, passport number, national ID number, gender, nationality, age, date of birth, responses to other background information questions, test administration date and details, payment information and how you specifically use our Website. This also includes our use of biometric data (including fingerprints, audio recordings, facial images and video files) provided by you in the course of your registering for and participating in the Testing Services. All of the above data is referred to as “Personal Information.” Which Personal Information we hold, how we use it and how long we hold it for may be subject to legal limitations in the jurisdiction in which you receive the Testing Services. ETS strives to meet these legal requirements, and further information on how we do so is provided below.

How We Use Your Personal Information

We use your Personal Information to:

- complete any registration, purchases or other transactions you request
- improve our products and services, and identify, develop and offer new or expanded products and services
- improve and personalize your experience on the Website, and customize the content and/or format of the pages you visit
- subject to your opting-in (see below), notify you about updates, products, services and/or special offers from ETS, its affiliates and selected third parties
- ask you to participate in brief surveys or provide other information
- generate aggregate statistical studies and conduct research ourselves or jointly with others related to our products and services and the use of our Website

If you agree (or have agreed) under other agreements with ETS that we may use your Personal Information in additional ways, those other agreements will not be limited by this separate Acknowledgment.

International Transfer

ETS, its Website, and its servers are located in the United States. Therefore, your information, including Personal Information, will be transferred from your location to the United States in accordance with applicable laws. It may also be transferred directly from your location or via the U.S. to other countries who provide processing services to ETS, all at the direction of ETS and in accordance with applicable laws. In accepting this Acknowledgment, you are agreeing to cross-border transfers of your information, including your Personal Information. If you do not agree to these cross-border transfers, then you should refrain from using the Website. You may have a right under applicable law to revoke your consent to the international transfer of your Personal Information. If you do so, we are unlikely to be able to continue providing the Testing Services to you.

Third Party Disclosure

We communicate your Personal Information to certain third parties, within the jurisdiction of your location and elsewhere, with whom we have a direct or indirect business or contract relationship in order to provide you with the Testing Services you have requested. These third parties assist with various aspects of the delivery of the Testing Services, including security services and score distribution services.

Your Rights

In some instances, under applicable laws, you have the right to withdraw your consent and require us to delete your Personal Information should the lawful purposes for which we hold it cease. You may also request that we correct your Personal Information if it is incorrect, inaccurate, misleading or incomplete. To protect your privacy and security, we will take reasonable steps to verify your identity before granting access or making corrections.

If required under applicable laws, at your request and on satisfactory proof of identity (as determined by ETS), we will provide you (i) confirmation that we hold your Personal Information, (ii) details or a description of the Personal Information we hold in an intelligible form; (iii) information of how we came to hold the Personal Information, the purposes for which we are using it, and in some cases the methods and logic we use in processing the Personal Information; (iv) further corporate information regarding ETS and, in some circumstances, the other corporate entities who may process the Personal Information on behalf of ETS.

To request any of the above actions, please contact us at: Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org.

You may also have the right under certain applicable laws to complain to a regulatory authority in your country if you believe we have not processed your Personal Information in compliance with applicable laws.

Further Communications

We ask you to provide your contact details, including email address, telephone and mobile phone details. We use this information so that we can quickly provide you with information (principally by way of email, telephone, SMS or other electronic means) regarding the Testing Services you have requested and to provide you with information about other testing products and services (which we will do in accordance with applicable laws). When you receive communications from us about other testing products and services, you will have the opportunity of subsequently opting-out of receiving these, and our communications will contain instructions on how to do so. Remember, however, that we may still send emails or call you in order to provide the Testing Service you have purchased or otherwise requested from us.

Governing Law

You agree that this Acknowledgment will be governed by and construed in accordance with the laws of the United States and the State of New Jersey, without regard to principles of conflict of laws.

Additional Information

This paragraph containing additional information is of general application, but it is also provided for purposes of the *EU General Data Protection Regulation* when it comes into force (to the extent the Regulation is applicable to you in the context of the Testing Services):

ETS Corporate Details (including contact details): Educational Testing Service, 660 Rosedale Road, Princeton, NJ 08541, USA, email: etsinfo@ets.org.

Purpose and Legal Basis for Processing: To provide tests and testing services as requested, including processing for the administration of tests, such as marking and score reporting to test takers and nominated score recipients.

Legitimate Interests relied upon: ETS requires your Personal Information for purposes of administering educational tests and providing these tests in a secure manner so that test takers receive accurate results and test qualifications are recognized by intended score recipients.

International Transfers: Data will be transferred to data processors engaged by ETS in various jurisdictions outside of the EEA, depending on the particular Testing Services requested. These transfers are made in accordance with the acknowledgment you have given above and intercompany and third party transfer agreements, in accordance with applicable laws.

Personal Information Retention: Personal Information is generally held for 5 years from the date of its submission. This period may be extended by ETS if the score for the Testing Service you require remains valid for a longer period (which information is usually contained in your testing result information), if the Testing Service you have requested is being reviewed or if our legitimate interest in retaining your Personal Information remains in place. It also may be shorter if we no longer require your Personal Information (for example, if you have expressed interest in a test but have not taken one). You may contact us at etsinfo@ets.org if you require further information.

Data Subject Rights: In addition to the rights described above, you may have data portability rights. For security reasons, most testing organizations will require that Personal Information be obtained directly from you and this may limit the usefulness of your data portability rights.

Supervisory Body: Please contact the national data processing authority in the jurisdiction in which you receive the Testing Services.

For Hong Kong residents only: Subject to applicable laws regarding our use of your Personal Information, we will not use your Personal Information if we do not reasonably believe that such use is in your interests. In order for us to supply you with the Testing Services, you must supply us with your Personal Information to complete any registration, purchase or other transaction you request online and/or perform any of our other contractual obligations to you which requires us to have the Personal Information.

For Australian residents only: please be informed that if you agree to the overseas disclosure of the information or transfer of your data outside of Australia, ETS and its affiliates will not be required to take reasonable steps to ensure that ETS or its affiliates' use of such data outside of Australia does not breach the Australian Privacy Principles.

For Canadian Residents only: This is the notification that ETS is required to provide to Canadian residents. Please see above regarding International Data Transfers. Where we transfer Personal Data to third parties we contractually require third parties to have a written procedures in place that comply with the requirements of the applicable privacy laws in Canada.

For Singapore Residents only: In connection with the transfer of your Personal Information outside of Singapore, ETS believes that the laws of the recipient country of your Personal Information will provide a standard of protection comparable to the applicable laws of Singapore.

Contact Information

If you have questions or requests concerning our use of your Personal Information, you should contact: etsinfo@ets.org.

By indicating "Accept," you expressly and voluntarily acknowledge and agree to the terms and conditions above, particularly those relating to our use of biometric data and the international transfer of Personal Information.¹

¹ If you are a minor as determined by applicable law and living outside of the United States, to the extent required by applicable law, the person clicking "Accept" must be a parent or guardian.

GLOSSARY

ADHD: Attention-deficit hyperactivity disorder. A persistent pattern of inattention and/or hyperactivity that is more frequent and severe than is typically observed in individuals with comparable levels of development.

Alternate format: Test format other than the one in which the test is usually delivered; examples include large print, braille and audio recording.

Braille slate and stylus: A device that enables a braille user to manually emboss braille dots onto paper. Only available for applicants who are blind or have low vision.

Certification of Eligibility: Accommodations History: A verification statement signed by an authorized professional who verifies the applicant's accommodations history and certifies that there is documentation on file that meets the ETS Documentation Criteria.

Ergonomic keyboard: A computer keyboard designed to minimize muscle strain and related problems.

Extra breaks: Breaks other than regularly scheduled breaks that are not included in the testing time. Extra breaks can be taken as needed for snacks, beverages, medication, restroom trips, etc.

Extended testing time: Extra time to take the test. The amount of extended testing time is correlated to the test taker's disability or functional limitations. Fifty percent extended testing time is time and one-half; 100 percent extended time is double time (documentation is required for 100 percent extended time or more).

Human Reader: A person who reads the test aloud to the test taker. Typically for an individual with learning disabilities or traumatic brain injury or a test taker who is blind or has low vision. A human reader reads the test directions, questions and answer choices to the test taker. A human reader does not interpret, reword or explain the test, though the reader may repeat test content at the test taker's request.

IntelliKeys keyboard: A programmable alternative keyboard that enables users with physical and/or visual disabilities to easily type, enter numbers, navigate on-screen displays and execute menu commands.

Keyboard with touchpad: A standard computer keyboard with a built-in touchpad. The touchpad allows the user the option of either using no external mouse or using a secondary pointing device.

Large-print answer sheet: An answer sheet for multiple-choice questions with large blocks that the test taker can mark with X's, rather than smaller boxes or ovals that need to be filled in.

LD: Learning disability.

Minor accommodations: Accommodations that do not affect the test delivery or response, such as a footstool, earplugs, a special chair/desk or a cushion.

Oral interpreter: A trained interpreter who silently mouths speech for a deaf or hard-of-hearing test taker who is able to speech read. An oral interpreter may also use facial expressions and gestures and may paraphrase the language used by the speaker. This accommodation is provided for spoken directions and check-in procedures only and is available only for applicants who are deaf or hard-of-hearing.

Paper-delivered test: Any test that is ordinarily given on paper rather than on computer, or offered as an accommodation for a computer-delivered test.

Perkins brailier: A braille typewriter with a key corresponding to each of the six dots of the braille code. It is permitted for note taking only. Available only for applicants who are blind or have low vision.

Screen magnification: Enlarging the size of everything displayed on the computer screen.

Scribe: A person who writes down, or otherwise records, the test taker's responses. The scribe does not correct spelling, create answers for the test taker or help the test taker identify correct answers. The scribe simply writes the test taker's answers down on the test or answer sheet or types them into a computer.

Selectable background and foreground colors: A feature on computer-delivered tests that permits the test taker to select the colors of the background and the text to improve contrast and minimize eyestrain.

Sign language interpreter: An individual who communicates with the test taker using sign language. Available only for applicants who are deaf or hard-of-hearing, for spoken directions and check-in procedures only.

Spellchecker: An ETS-approved spellchecker is a simple hand-held device that is sent prior to the test date to test takers who qualify for this accommodation. It is NOT the standard software spellchecker included in programs such as Microsoft® Word.

Trackball: A pointing device consisting of a ball held by a socket containing sensors to detect a rotation of the ball. The user rolls the ball with the thumb, fingers or palm of the hand to move a pointer or cursor on the screen. Used as an alternative to a mouse.

Traumatic brain injury (TBI): Typically results from a violent blow or jolt to the head. The term TBI is often used synonymously with the term "head injury."



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