

2022-23

TOEFL iBT® 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 2022–23 *TOEFL iBT*[®] *Information Bulletin*.

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GENERAL INFORMATION

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.

While many test takers with disabilities successfully take a $TOEFL\ iBT^{\otimes}$ test with appropriate accommodations, some test takers with disabilities 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.

Important: Test takers requesting accommodations MUST complete a *Testing Accommodations Request Form* and submit it to ETS Disability Services. The form may be submitted online, via email, mail or courier service. We strongly encourage using the convenient online registration system. You must submit your request and have your accommodations approved by ETS Disability Services **before** your TOEFL iBT test may be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible. Documentation review takes approximately four to six weeks once your request and complete paperwork have been received at ETS. If additional documentation is requested, it may be approximately another two to four 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.

Information about TOEFL iBT policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information is available in the *TOEFL iBT Information Bulletin* and on the *TOEFL*® website at **www.ets.org/toefl**. It is recommended you review this information prior to requesting accommodations.

To submit your accommodations request online, you will need to create an ETS account at www.ets.org/mytoefl. In your ETS account you may upload documentation and indicate your preferred test date and location. You may also view your approved accommodations and test appointments. If you intend to test at home and are approved for extended test time, extra breaks, screen magnification, and/or selectable background and foreground colors, you may self-schedule your test online through your ETS account. If you are requesting and are approved for accommodations, other than the four listed above, you cannot schedule your test online. Your approval letter will provide instructions for scheduling your test. Note: if you intend to test at a physical test center and are approved for screen magnification and/or selectable background and foreground colors, you may self-schedule your test online through your ETS account.

Using Previously Approved Accommodations

If you were previously approved for accommodations on a TOEFL iBT test, review your approval letter to determine if your accommodations approval is still current. If your accommodations have not expired, you may register following the directions on your letter.

If you are registering for a paper-based test, complete the TOEFL iBT Registration form, Parts I and II of the Accommodations Request Form even if you are requesting accommodations identical to those approved for you by ETS within the last two years.

If you have received accommodations from ETS for another test, (for example, the $GACE^{\circledast}$ test, GRE, a $Praxis^{\circledast}$ test, or a School Leadership Series assessment), and your documentation is still current, you may request the <u>same</u> accommodations for a TOEFL iBT test during the 2022–23 testing year without providing disability documentation. The accommodations ETS previously approved for you will be approved again <u>if</u> they are appropriate for the current test.

Reduced-distraction Setting

Many test takers request a reduced-distraction setting. The testing centers are designed to have minimal distractions with each test taker assigned to an individual carrel with earplugs or headphones available upon request to further reduce environmental noise.

Pre-approved Personal Items

Certain items are allowed in the testing area without prior approval. These include, but are not limited to, bandages, spinal cord stimulators, foot stool, lumbar support cushion, service animals and hearing aids/cochlear implant. However, if your hearing aids or cochlear implant have Bluetooth capabilities, accommodations must be requested. The full list of pre-approved personal items for use at test centers or for at-home testing is available at https://www.ets.org/disabilities/test-takers/common-testing-accommodations.html.

If you wear an insulin pump, you do not need to request accommodations unless your pump consists of two pieces (the pump which 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 recommended so you may be scheduled in a separate room at a test center. A continuous glucose monitor attached to your pump does not require prior approval; however, if you wish to have your glucose test kit in the testing area, you must request accommodations.

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. Virgin Islands, Puerto Rico and Canada)

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

Email Inquiries: stassd@ets.org

Request for Testing Accommodations: disability.reg@ets.org

Mail: ETS Disability Services Courier Service: ETS Disability Services

PO Box 6054 1425 Lower Ferry Road Princeton, NJ 08541-6054 U.S.A. Ewing, NJ 08628 U.S.A.

HOW TO REQUEST ACCOMMODATIONS

Steps to Request Accommodations

To request accommodations for a TOEFL iBT test, follow the steps below:

- 1. Complete the *Testing Accommodations Request Form*.
- 2. Complete the *TOEFL iBT Registration Form for Test Takers with Disabilities or Health-related Needs* (if not submitting your materials online).
- 3. Determine if disability documentation is needed.
- 4. Submit completed forms.

Detailed information regarding each of these steps is provided in this *Supplement*.

STEP 1: COMPLETE THE TESTING ACCOMMODATIONS REQUEST FORM

Complete the Testing Accommodations Request Form on pages 11–22 in this *Supplement* or access and complete the form in your ETS account at www.ets.org/mytoefl.

Part I — Applicant Information

Complete this section and sign the Applicant's Verification Statement even if you are requesting accommodations identical to those approved for you by ETS within the last two years.

Part II — Accommodations Requested

Complete this section even if you are requesting accommodations identical to those 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."

Accommodations for Health-Related Needs

Health-related needs are most commonly those affecting digestion, immune function, respiration, circulation, endocrine functions, etc., and frequently require only minor accommodations.

Documented health needs include conditions such as diabetes, Crohn's disease and chronic pain. Minor accommodations include but are not limited to: extra breaks for medication, snacks, beverages or glucose testing materials which are necessary during the test session.

Documentation for health-related needs should include a letter of support from a medical doctor or other qualified professional stating the nature of the condition and the rationale for the requested accommodation(s). Please note, handwritten documentation or a note on a prescription pad is not acceptable.

STEP 1: COMPLETE THE TESTING ACCOMMODATIONS REQUEST FORM (Cont.)

Commonly Requested Accommodations

- Extended Test Time (all tests are timed)
 - 25 percent (time and one-quarter) or 50 percent (time and one-half) or 100 percent (double time)
- Extra Breaks The testing clock stops for breaks and does not affect your testing time. Breaks may be used for medication, snacks, trips to the restroom, etc. Some disabilities, by their nature, result in fatigue, the need for rest, and/or restroom breaks while not impacting the actual test taking. In these cases, extra breaks may be more appropriate than extended test time.

Accommodations for Computer-delivered Tests

- Screen magnification
- Selectable background and foreground colors

Assistance

- Human reader
- Human scribe
- Assistance for check-in and 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, legally blind, or have low vision)
 - Braille slate and stylus
 - Perkins brailler

Alternate Test Formats

- o Braille
- Large-print test book
- Large-print answer sheet
- Recorded audio
- Omitted Sections (only for applicants who are deaf or hard-of-hearing or have speech-related disabilities)
 - Listening section (only applicants who are deaf or hard-of-hearing)
 - Speaking section (only applicants who are deaf or hard-of-hearing or have speech-related disabilities)

Part III — Certification of Eligibility: Accommodations History

All applicants are encouraged to submit *Part III* — *Certification of Eligibility: Accommodations History* form which serves two distinct purposes:

- To provide verification of an individual's use of accommodations either in college or in the workplace
- As a shortcut for approval of certain specific accommodations for particular disabilities

STEP 2: COMPLETE TOEFL IBT® REGISTRATION FORM FOR TEST TAKERS WITH DISABILITIES OR HEALTH-RELATED NEEDS (IF NOT SUBMITTING YOUR MATERIALS ONLINE)

If you plan to submit your materials to ETS Disability Services by email or mail instead of online, complete the *TOEFL iBT Registration Form for Test Takers with Disabilities or Health-related Needs* form on pages 23–26 in this *Supplement*.

STEP 3: DETERMINE IF DISABILITY DOCUMENTATION IS NEEDED

DO NOT submit disability documentation if you are able to use the COE as a shortcut for approval and/ or you are submitting evidence of testing accommodations approval from ETS or other standardized testing agency. Submitting unrequired documentation will delay the review process. **For more information regarding documentation guidelines, please visit www.ets.org/disabilities.**

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

- Screen magnification
- Screenreader
- Selectable background and foreground colors
- Braille
- Large print (test book and/or answer sheet)
- Recorded audio
- Human reader
- Scribe
- Braille slate and stylus for note-taking only
- · Perkins brailler for note-taking only
- Extra breaks
- 50 percent extended test time (time and one-half) or less
- 100 percent extended test time (double time) when also requesting braille, a human reader, recorded audio, or a screenreader

If you have low vision or some other condition which affects visual functioning, such as an eye coordination disorder, refer to the "Guidelines for Documentation of Blindness and Low Vision in Adolescents and Adults" online at https://www.ets.org/disabilities/documentation/ and submit your documentation.

STEP 3: DETERMINE IF DISABILITY DOCUMENTATION IS NEEDED (Cont.)

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

- 50 percent extended test time (time and one-half) or less
- Extra breaks
- Sign language interpreter (for check-in assistance and spoken directions only)
- Oral interpreter (for check-in assistance and spoken directions only)

If you have a learning disability, ADHD, TBI, ASD, a psychiatric disability andlor a physical disability and are requesting 50% extended test time (time and one-half) or less and/or extra breaks, you do not need to submit documentation if you are submitting a valid Part III — Certification of Eligibility: Accommodations History.

You must submit a disability documentation if:

- You are requesting accommodations greater than accommodations that can be approved based on a COE (see above); OR
- You indicate in Part I of the *Testing Accommodations Request Form* 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 different from those of ETS or another standardized testing agency approved for you; <u>OR</u>
- You have not previously used the accommodations being requested; **OR**
- You have a sensory disability and your accommodations request does NOT match the specifications listed above; **OR**
- You are unable to submit a valid Part III Certification of Eligibility: Accommodations History form.

STEP 4: SUBMIT YOUR COMPLETED FORMS AND DOCUMENTATION TO ETS DISABILITY SERVICES

Requests for testing accommodations may be submitted online or via email, mail or courier service. We strongly encourage using the convenient online registration system. Be sure to include the appropriate documents with your submission. An incomplete application will cause a delay in processing your request.

Submitting Your Material Online in Your ETS Account

You may submit materials online through your ETS account at **www.ets.org/mytoefl**. Once signed in, select "Accommodation Status/New Request" under the "Test Takers with Disabilities or Health-related Needs" section on the home page and follow the instructions.

Submitting Your Material by Email

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| Be sure to attach the following items with your Completed <i>Testing Accommodations</i> Completed <i>TOEFL iBT Registration</i> Disability documentation (if require | Request Form In Form for Test Takers with Disabilities or Health-related Needs |
|--|---|
| Requests for accommodations should be sen | t to disability.reg@ets.org. |
| | mation with your email or mail (payment is needed at time of received at ETS, you will receive an email with instructions |
| Submitting Your Material by Mail or Courie | r Service |
| Be sure to include the following with your re Completed Testing Accommodations Completed TOEFL iBT Registration Disability documentation (if require | Request Form In Form for Test Takers with Disabilities or Health-related Needs |
| Mail your material to the appropriate address | ss below. |
| Mail ETS Disability Services PO Box 6054 Princeton, NJ 08541-6054 | Courier Service ETS Disability Services 1425 Lower Ferry Road Ewing, NJ 08628 |

Once your accommodations have been approved, you will receive an email from ETS Disability Services with instructions regarding how to register for the $TOEFL\ iBT$ * test.

U.S.A.

Regardless of how you submit your material, ETS Disability Services will contact you via email regarding your application.

REQUESTS TO CHANGE OR CANCEL TESTS

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 4 for contact information.

Policies for changing or canceling your test are included in the *Information Bulletin* on the TOEFL website, **www.ets.org/toefl.** Rescheduling is permitted only within the same testing year.

TEST PREPARATION

For test preparation information, go to "Prepare for the Test" at https://www.ets.org/toefl/test-takers/ibt/prepare

If you need preparation materials in an alternate format, please contact ETS Disability Services. See page 4 of this supplement for contact information.

Test takers are advised to consult ETS's "Tips for Test Takers with Disabilities," which is available at https://www.ets.org/disabilities/test-takers/tips.html.

SCORING AND REPORTING

Test taker will receive an email to access their ETS account (www.ets.org/toefl) when scores are available.

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-related 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.

Test takers who are blind can contact ETS Disability Services by phone for their test scores. See page 4 for contact information.

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORMPart I — Applicant Information

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TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORMPart I — Applicant Information (continued)

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.

12 Acknowledgment

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

14 Acknowledgment

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

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM Part I — Applicant Information (continued)

| 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 | Applicant's Name | | | |
|--|--|--|---|---|
| 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 accommodations (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 approximately four to six weeks from the time the application is complete. If additional information is requested, it may be approximately another two to four weeks from the time the new documentation is received until the review is complete. I acknowledge that ETS reserves the right to make final determination as to whether any requested accommodations is warranted and appropriate. If I am submitting Part III — Certification of Eligibility: Accommodations History form, 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 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 containe in the Certification of Eligibility: Accommodations History form may be subject to audit resulting in a review of the actual disability documentation on file acknowledge that any submitted information may a | (please print) | First Name | M.I. | Last Name |
| 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 approximately four to six weeks from the time the application is complete. If additional information is requested, it may be approximately another two to four weeks from the time the new documentation is received until the review is complete. 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 form, 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 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 containe in the Certification of Eligibility: Accommodations History form may be subject to audit resulting in a review of the actual disability documentation on file acknowledge that any submitted information may also be used for research purposes, and that in no case will any notivitual be identified by name in research studies, and that | | Verific | ation Statement to Be Signed | by Applicant |
| n advance of the test administration date to provide time to evaluate and process my request for accommodations. also understand that processing can take approximately four to six weeks from the time the application is complete. If additional information is requested, it may be approximately another two to four weeks from the time the new documentation is received until the review is complete. 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 form, 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 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 containe in the Certification of Eligibility: Accommodations History form. For quality assurance, the Certification of Eligibility: Accommodations History form may be subject to audit resulting in a review of the actual disability documentation on fill 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, naccurate or used to obtain accommodations that are not necessary. I u | agree to provide laccommodations. | ETS with any additiona . I also give permissior | l information or documentation requ to release to ETS a copy of any pe | uested in order to evaluate my request for ertinent information required to establish the |
| accommodations will not be processed if I alter or revise Part III in any way after the appropriate official has completed 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 containent the Certification of Eligibility: Accommodations History form. For quality assurance, the Certification of Eligibility: Accommodations History form may be subject to audit resulting in a review of the actual disability documentation on file 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. If 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, naccurate 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 is 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. | in advance of the I also understand If additional inforn documentation is | test administration dat that processing can ta mation is requested, it i received until the revie | te to provide time to evaluate and plake approximately four to six weeks may be approximately another two to sweet it is complete. I acknowledge that | rocess my request for accommodations. from the time the application is complete. to four weeks from the time the new ETS reserves the right to make final |
| understand that the documentation in support of my request for accommodations supersedes any information containent the Certification of Eligibility: Accommodations History form. For quality assurance, the Certification of Eligibility: Accommodations History form may be subject to audit resulting in a review of the actual disability documentation on file 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. If urther 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 augments 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 | accommodations I also understand | will not be processed it that ETS does not wai | f I alter or revise Part III in any way ve its right to ask the person who co | after the appropriate official has completed ompletes Part III on my behalf to submit the |
| 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. If 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, naccurate or used to obtain accommodations that are not necessary. If understand that ETS has contracted with an external panel of expert consultants with whom it may consult to augments 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 | understand that the thing the thin the Certification | he documentation in sun of Eligibility: Accomm | upport of my request for accommode odations History form. For quality a | ations supersedes any information contained assurance, the Certification of Eligibility: |
| In ETS's judgment, any information presented in this application or supporting documentation is either questionable, naccurate 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 augments 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 | individual be iden | tified by name in resea | | · · · |
| ts 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 | in ETS's judgmen | t, any information pres | ented in this application or supporti | |
| | its in-house expe | rtise. By submitting my | request for accommodations, I autl | , |
| Keen a copy of this completed form for your records | Signature of Appli | icant | | Today's Date |
| | | Kaana | conv of this completed form for | vour records |

TOEFL iBT® TESTING ACCOMMODATIONS REQUEST FORM Part II — Accommodations Requested

| Applicant's Nam | ne: | | | |
|---|--|---------------------------|-----------------------|---|
| (please print) | First Name | M.I. | | Last Name |
| Today's Date: _ | Month Day Year | - | | |
| Previously app | proved Standardized T | esting Accommodatio | ons | |
| • | | • | | expired and your accommodations are ndicate the month and year: |
| | GACE [®] | | ParaPro | Praxis® |
| Previous test da | ate(s) (month/year): | | | |
| Have you receive MCAT, etc.? | ed testing accommoda | tions on another standa | ardized test such a | s the ACT, SAT, GMAT, LSAT and/or |
| ☐ Yes ☐ | No | | | |
| | • | nit a copy of your appro | ` ' | ne appropriate agency(ies) which details |
| | periencing the functiona coved on another standa | - | he disability(ies) fo | or which testing accommodations were |
| ☐ Yes ☐ | No | | | |
| | REQUE | STED ACCOMMODA | ATIONS (Check a | ll that apply) |
| | ing Time (NOTE: All temes to submitted.) | sts are timed; if you are | requesting more t | han 50 percent extended time, |
| ☐ 25 percent (| time and one-quarter) | ☐ 50 percent (time a | nd one-half) \Box | 100 percent (double time) |
| Extra Breaks E | Breaks are not included | in testing time (can be | used for medicatio | on, snacks, trips to the restroom, etc.) |
| ☐ Screen mag | ons for Computer-deling infication background and foregro | | | |
| Alternate Test | Formats | | | |
| □ Large-print t□ Large-print a□ Audio record□ Listening se□ Speaking se | answer sheet ding ction omitted (only appl action omitted (only app | icants who are deaf or I | hard-of-hearing or | have speech-related disabilities) ted disabilities) |
| | | | | (continued on next pag |

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

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

| Applicant's Nam | ne: | | |
|-------------------|--|--|---|
| (please print) | First Name | M.I. | Last Name |
| • | OTE: If you are requesting must submit documentation | | , and your disability is NOT blindness or legal |
| ☐ Human read | | | |
| _ | ge interpreter for check-in | assistance and spoken direction | ns only (Only for applicants who are deaf or |
| | • / | e and spoken directions only (Or | nly for applicants who are deaf or hard-of- |
| ☐ Braille slate | , , | only, and only applicants who and for applicants who are blind o | · · · · · · · · · · · · · · · · · · · |
| (e.g., medical si | | = | an those listed on page 16 and above cluding make/model information, if applicable) |
| 1 | | | |
| 2 | | | |
| 3. | | | |
| | | | |
| | | | |
| 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 |

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. Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD), Traumatic Brain Injury (TBI), Autism Spectrum Disorder (ASD), psychiatric disabilities and/or physical disabilities, who are requesting 50% extra time or less and/or additional breaks only; OR
- 2. Blindness/legal blindness and/or hearing losses who are requesting those accommodations listed on page 7 for these conditions.

For individuals with medical or chronic health-related conditions, or for any other accommodations (double time, scribe, 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 Accessibility/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 individual who diagnosed or is treating the disability, will not be considered.

After reading this page, please complete pages 19 to 22.

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 CERTIFICATION OF ELIGIBILITY: ACCOMMODATIONS HISTORY

The Certification of Eligibility: Accommodations History form may be used in lieu of documentation or as verification of the accommodations used in college or in the workplace. 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 recency criteria set forth at www.ets.org/disabilities (e.g., LD, ADHD, and/or ASD within 5 years; psychiatric with 1 year, etc.)? |
| 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, 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)

| Applica | int's Name | e: | | | | | | | | |
|---------|--|--|-----------------------|----------------------|---|--|--|--|--|--|
| Please | e Print) | First Name | M | .l. | Last Name | | | | | |
| Provide | e the follow | wing information regardi | ng the disability do | ocumentation on file | ə: | | | | | |
| A. | Name and credentials of the professional who completed the most recent evaluation. (e.g., Susan Smith, MD, Psychiatrist) | | | | | | | | | |
| | | Name | | Degree | Area of Expertise | | | | | |
| В. | Date of p | professionals most recer | nt evaluation: Mo | | | | | | | |
| C. | Applican been gra | | r disabilities, as st | ated in the docume | entation, for which accommodations have | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| D. | Please in | ndicate the accommodat | ions the applicant | has received at yo | our institution. | | | | | |
| | | d testing time (NOTE: al ntation must be submitte | | | esting more than 50% extended time, | | | | | |
| | | 25% 50% | 100% | Other | - | | | | | |
| | | st all other approved tes nent," please describe th | | ons: If the student | used a "reduced distraction testing | | | | | |
| | 1 | | | | | | | | | |
| | 2 | | | | | | | | | |
| | 3 | | | | | | | | | |
| | 4 | | | | | | | | | |
| | 5 | | | | | | | | | |
| E. | During w | hat period of time has th | ne applicant used | the above accomm | nodations? | | | | | |
| | | From / Month Yea | To r Mo | onth Year | | | | | | |

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

| Applicant's Name | o: | | | |
|------------------|---------------------------|---------------------------------|------------------------|--|
| Please Print) | First Name | M.I. | Last Name | |
| | | | | |
| | | | | |
| | | | | |
| F. Has the a | applicant used these acco | mmodations for at least one sen | nester or four months? | |
| Vo | no. | | | |
| yes | sno | | | |
| G. Where ha | as the applicant used the | accommodations? | | |
| ☐ Colleg | ge/University | | | |
| ☐ Place | of Employment | | | |
| ☐ Other | (indicate): | | | |

I certify that the accommodations indicated in Part III – *Certification of Eligibility: Accommodations History* form 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 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* form 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 Nam | ne: | | |
|------------------|------------------------|-------------------------------|--|
| (Please Print) | First Name | M.I. | Last Name |
| | Auth | orized Professional's Verific | ation Statement |
| counselor | at place of employment | | y/Disability Services, a Human Resources counselor. NOTE: The evaluator who form. |
| | Authorized | Professional's Verification S | Statement (continued) |
| Signature of Aut | horized Professional | | Today's Date |
| Print Name | | | |
| - Title | | | |
| Name of Institut | ion/Agency/Place of Em | ployment | |
| Telephone | | | Fax # |
| Email Address | | | |
| | | | |
| | | | |
| | | | |
| | | Attach Business Card | Here |
| | | | |
| | | | |
| | | | |



2022-23 TOEFL iBT® TEST REGISTRATION FORM

for registration by mail

You can also register online or by phone.

- Online: www.ets.org/mytoefl; you can pay by credit or debit card, PayPal® or an electronic check
- <u>Phone</u>: +1-443-751-4862 or 1-800-GO-TOEFL (within the United States, U.S. Territories, or Canada), or call the Regional Registration Center (RRC) that services the country where you plan to test. Visit *www.ets.org/toefl/contact/test-takers* for additional information.
- **Test takers requesting testing accommodations**: If you are requesting accommodations for the *TOEFL iBT* test, please go to **www.ets.org/disability**.

If you can only register by mail for the $TOEFL\ iBT^\circ$ test, you must complete pages 2-4 of this form and submit it along with your payment. If the form is not completed in its entirety, it will be returned. The completed form and payment must be received at ETS at least 4 weeks before your earliest test date. If necessary, please staple the forms before mailing.

If you don't receive a confirmation, call the location where you mailed your paperwork **at least 3 business days** before your registration deadline.

- Print all information clearly, using black or blue ink.
- The name you enter on this form must exactly match the name on the primary identification document you present on the day of your test. Please go to www.ets.org/toefl/id for a list of identification requirements.
- If you are testing outside the United States, U.S. Territories, and Canada, mail the completed form and payment to the RRC that services the country where you plan to test. See www.ets.org/toefl/contact.
- If you are testing in the United States, U.S. Territories, or Canada: For credit/debit card payments only: ETS-TOEFL iBT PO Box 6051 Princeton, NJ 08541-6051, USA
- For all other payment methods: ETS-TOEFL iBT Registration Office PO Box 382044 Pittsburgh, PA 15251-8044, USA
- For courier service:
 TOEFL Document Processing
 1425 Lower Ferry Road
 Ewing, NJ 08628 U.S.A.

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United States and other countries. All other trademarks are the property of their respective owners.

2022–2023 TOEFL iBT Test Registration Form (continued)

You must verify that your computer and testing room meet the at home testing requirements before you register for the TOEFL iBT test.

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

Create your ETS account at **www.ets.org/mytoefl**. Once your account has been created, your ETS ID will be on your My TOEFL home page. If you previously created an account for TOEFL, do not create a new one. Enter your ETS ID for that account in the spaces provided.

| * ETS ID | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|----------|------------------------|--------------|---------|-------------------|--------------|-----------|--------------|----------------------|--------|---------------|-----|-----|--------|-------|----|----------|------|---------|------|---|-------------|------|----|-----|-----|----|-----|----------|------|------|------|-------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Last (Fa | mily/Sur | name | e) Na | me | (as | on | pho | oto I | ID): | : | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * First (Gi | ven) Nan | ne (a | s on | oho | to II |): | | | | | ' | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle N | lame or | Midd | le Ini | tial | (as | on | pho | oto | ID): | : | - | | | - | - | | | | | | | | | - | | | | | | | - | | - | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Address | Line 1: | | | | | | | | | 1 | | | | - | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Γ | | Τ | | | | | | | | | | | | | | |
| Address | Line 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Γ | | Τ | | | | | | | | | | | | | | |
| Address | Line 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | T | | | | | | | | | | | |
| Address | Line 4: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | | | | |
| | | | | | | | | | | | | Τ | | | | | | Τ | | Τ | | | Τ | | | | T | | | | | | | |
| * City: | | | | | | | | | | 1 | | | | | | | | <u> </u> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | Γ | | Τ | | | | | | | | | | | | | | |
| * State or | Province | J | | * (| Cod | e fo | or C | ou | ntr | у о | f Ci | itiz | ens | hin | (refe | er to | Bu | llet | in): | | | * | 7IF | or | Po | sta | ı c | od | le: | | | | | |
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| TEST LOCATION (TOEFL iBT and TOEFL iBT Paper Edition at a Test Center) Choose 2 test locations in order of preference. Print the city name and country name for each choice. For locations, see the Test Takers section of the TOEFL® website at www.ets.org/toefl/test-takers/ibt/take/. | |
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| * First Choice City Code: | |
| City Name: | |
| Country Name: | |
| * Second Choice City Code: City Name: | |
| Country Name: | |
| TEST DATE (Test Center, Home Edition and Paper Edition) Specify 4 test dates in order of preference. For testing dates, see the Test Takers section of the TOEFL website at www.ets.org/toefl/test-takers/ibt/take/. Please note that testing start times vary. Your form and payment must be received at ETS at least 4 weeks before your earliest test date choice. Please note: If requesting accommodations pleas contact Disability Services, Contact info on page 4. | e |
| MM: Month of the Year DD: Day of the Month YY: Year | |
| * First Choice: MM DD YY Third Choice: MM DD YY | |
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| TEST TIME (TOEFL iBT Home Edition and TOEFL iBT Paper Edition Speaking Test) 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. Please note: If requesting accommodations please contact Disability Services, Contact info on page AM: Morning PM: Afternoon EVG: Evening | 4. |
| Please indicate which time zone you will be taking your test in. City Country | |
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2022–2023 TOEFL iBT Test Registration Form (continued)

| 2022–2023 TOEFL iBT Test Registration Form (continued) Name: | | | | | | | | | | | |
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| Tax (include any Value Added or similar taxes where applicable)\$ | | | | | | | | | | | |
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| 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. Any debit/check card branded with one of the accepted credit card logos can be used. | | | | | | | | | | | |
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