PERSONAL ITEMS & MINOR MODIFICATIONS

This form should be used for test-takers who need to bring a "personal item" into the testing room, such as a medical device, or test-takers who request a minor modification to the testing format.

NOTE: ALL items brought into the testing room are subject to inspection by the examiner.

THE FOLLOWING ITEMS AND MINOR MODIFICATIONS DO NOT NEED PRE-APPROVAL FROM THE GED ADMINISTRATOR™ (Candidate does NOT have to complete this form):

- **Colored transparent overlays**: These are tinted plastic overlays sometimes used by individuals with visual impairments and learning disabilities. Candidates will need to provide their own such device.
- **Earplugs**: GED® candidates may use earplugs to reduce ambient noise, as an aid in concentration. The earplugs may not be attached to any electronic device. Candidates will need to provide their own such device.
- **Scrap paper**: GED® candidates may use plain white scrap paper, issued by the examiner. The scrap paper (used and unused) must be collected at the end of the testing session and destroyed.
- **Straightedge**: GED® candidates may use a plain, unmarked straightedge made from any safe material, as an aid in spatial orientation and reading. Candidates will need to provide their own such device, unless the straightedge is a piece of plain white scrap paper. If the straightedge is a piece of scratch paper issued by the examiner, it must be collected at the end of the testing session and destroyed.
- **Magnifying Device**: GED® test candidates may use a handheld magnifying device during the test. Candidates will need to provide their own such device.
- **Cushion**: GED® candidates may use a small seat cushion for support during the test. Candidates will need to provide their own such cushion.
- **Large-Print Test Edition (Paper test) or Screen-Magnification Software (Computer-based test)**: GED® candidates may use the large-print paper edition of the Test, using normal time limits. If a candidate needs extra time, a Request for Testing Accommodations Form must be completed.
- **Priority Seating**: GED® candidates may request permission to be seated near the front of the room in order to better hear instructions, or in another part of the room in order to reduce distractions.
- **One Test Per Day**: GED® candidates may take one GED® subtest per day upon prior arrangement with the GED Chief Examiner™.

THE FOLLOWING ITEMS NEED PRE-APPROVAL FROM THE GED ADMINISTRATOR™

- **Food and/or drinks in the testing room**, for medical or health reasons. For example, some medications cause "dry mouth" and need to be accompanied with water; a diabetic test-taker may need to have hard candy or a quick snack with them at all times. The testing center may have specific guidelines about test-takers not consuming food or beverages near computer equipment or near other test-takers.
- **Medical devices**: Medical equipment, such as an insulin pump, TENS stimulator, or other personal medical equipment should be pre-approved. The GED Administrator™ may request a note from a health care provider indicating the need for such a device during the GED® test.

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- **Medications taken during the test**: The GED Administrator™ may request a note from a health care provider indicating the candidate's need to take medication during the GED® test.
- **Other personal items**, such as adaptive equipment due to a disability, should be pre-approved by the GED Administrator™. The GED Administrator™ may request a note from a health care provider indicating the candidate's need for such items during the GED® test.

Request for Personal Items

To request permission to bring a personal medical item into the testing room, please follow these steps:

1. Complete this form and give it to the Chief Examiner at your GED® testing center.
2. Provide the Chief Examiner with documentation from your doctor related to your medical condition and the medical necessity of having this personal medical item with you during GED® testing.
3. Review your documentation with the Chief Examiner at your GED® testing center.

After you have completed these steps, you will be informed of the extension decision, usually within 30 days.

Section 1: To be completed by the GED® Test-Taker

Complete all information and sign the release statement at the end of the section, then submit the form along with the documentation of your condition to the Chief Examiner at the testing center where you plan to take the GED® test. The Chief Examiner will review this form and your documentation and let you know if additional information is required.

First Name:_____ Last Name: _____

Social Security/Social Insurance Number: _____

Date of Birth: ____/_____/_____ Age: _____

Address: _____

City:_____ State/Province/Territory:_____ ZIP/Postal Code: _____

Phone Number: (_____) _____-_____ E-mail:_____

Release of Information: I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to GED Testing Service® and its designees in connection with my request for testing accommodations. If you are under 18, a parent or guardian must also sign.

Test-Taker's Signature _____ Date _____

Parent/Guardian's Name (under 18)_____ Signature_____

Date_____

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Section 2: To be completed by the GED® Test-Taker

Please indicate what personal items you request to bring into the testing room. Please provide a detailed explanation as to why you must have these items with you during the test.

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Section 3: To be completed by the GED Chief Examiner™

Please review the form to be certain that all sections are complete and that all supporting documentation is included. Missing information may delay the review of the test-taker's request. Sign and date the form before sending it to your GED Administrator™.

Chief Examiner Name: _____ 10-Digit Center ID #: _____

Test Center Name: _____

Phone Number: (_____) _____-_____ Fax Number: (_____) _____-_____

E-mail: _____

I have reviewed this request form. The request form is complete and documentation of the medical necessity of the personal item is attached.

Chief Examiner's Signature _____ Date _____

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