



# 2021–22

## The *Praxis*® Tests and School Leadership Series Assessments

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

**NOTE:** This supplement contains procedures and forms for requesting accommodations for the tests listed above.

Use this supplement **together** with the information and registration form(s) found in the *Praxis* and SLS *Information Bulletins* and/or on each testing program's website, at [www.ets.org/praxis](http://www.ets.org/praxis) and [www.ets.org/sls](http://www.ets.org/sls).

Visit the ETS website at [www.ets.org/disabilities](http://www.ets.org/disabilities)  
for the most up-to-date information.

## CONTACT INFORMATION

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All questions related to accommodations should be directed to ETS Disability Services.

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)

### **General 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.

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## GENERAL INFORMATION

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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 the *Praxis* or School Leadership Series Assessment (SLS) 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 *Praxis* or SLS 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 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 *Praxis* or SLS program policies, tests offered, test dates, fees and payment policies, identification (ID) requirements, test center procedures and score reporting information is available in the *Praxis* or SLS *Information Bulletin* and on the *Praxis* or SLS website at [www.ets.org/praxis](http://www.ets.org/praxis) or [www.ets.org/sls](http://www.ets.org/sls). It is recommended you review this information prior to requesting accommodations.

To submit your accommodation request online, you will need to create an ETS account. *Praxis* test takers can go to <https://www.ets.org/praxis>; and SLS test takers can go to <https://www.ets.org/sls>. 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. In addition, if you are approved for extended test time, extra breaks, screen magnification and/or selectable background and foreground colors, you may also 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.

### Using Previously Approved Accommodations

If you were previously approved for accommodations on a *Praxis* or SLS 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 Parts I and II of the Accommodations Request Form and the Registration 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 *TOEFL*<sup>®</sup> test, GRE, or GACE assessment) and your documentation is still current, you may request the same accommodations for a *Praxis* or SLS test during the 2021–22 testing year without providing disability documentation. The accommodations ETS previously approved for you will be approved again if 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 environment 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 is available for use at test centers or for at-home testing at [www.ets.org/disabilities/prometric](http://www.ets.org/disabilities/prometric).

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 a good idea so you may be scheduled in a separate room. A continuous glucose monitor attached to your pump does not require prior approval; however, if you wish to bring your glucose test kit into the testing room, you must request accommodations.

## Steps to Request Accommodations

To request accommodations for a *Praxis* or SLS test, follow the steps below:

1. Complete the *Testing Accommodations Request Form*.
2. Complete the *Praxis* or SLS *Test Authorization Voucher Request Form* (if not submitting your materials online).
3. Gather your disability documentation.
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 10–22 in this *Supplement* or access and complete the form in your ETS account. *Praxis* test takers can go to <https://www.ets.org/praxis>; and SLS test takers can go to <https://www.ets.org/sls>.

## 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.

### 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 (available only at test centers)
  - Human scribe (available only at test centers)
  - Assistance for spoken directions (only for applicants who are deaf or hard-of-hearing; available only at test centers)
    - » 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**
  - Braille
  - Large-print test book
  - Large-print answer sheet
  - Recorded audio<sup>1</sup>

### 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

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<sup>1</sup>For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.

**STEP 2: Complete *Praxis* or *SLS Test Authorization Voucher Request Form* (if not submitting your materials online)**

If you plan to submit your materials to ETS Disabilities Services by email or mail instead of online at [https://www.ets.org/disabilities/test\\_takers/](https://www.ets.org/disabilities/test_takers/), complete the *Praxis* or *SLS Test Authorization Voucher Request Form* on pages 23–28 in this *Supplement*.

**STEP 3: Gather Your Disability Documentation**

You must submit disability documentation if any of the following are true:

- You are requesting accommodations greater than 50 percent extended test time (time and one-half) and/or extra breaks.
- 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.”
- You were first diagnosed with a disability within the past 12 months.
- You are requesting accommodations different from those ETS approved for you within the last two years.
- You have not previously used the accommodations being requested.
- You have a sensory disability and your accommodations request does NOT match the specifications which follow below.
- You are unable to submit a valid Part III — *Certification of Eligibility: Accommodations History* form.

**DO NOT** send documentation if you are not required to do so. Submitting unrequired documentation will delay the review process. An Individualized Education Program (IEP) or 504 Plan which provides a history of disability and accommodations use may be helpful; however, an IEP or 504 Plan alone is not sufficient information for accommodation decision making. **For more information regarding documentation guidelines, please visit [www.ets.org/disabilities](http://www.ets.org/disabilities).**

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

- Screen magnification
- Selectable background and foreground colors
- Braille
- Large print (test book and/or answer sheet)
- Recorded audio
- Human reader
- Human scribe
- Braille slate and stylus for note-taking only
- Perkins braille for note-taking only
- 50 percent or less extended test time (time and one-half)
- Extra breaks

*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.

*If you are blind or legally blind*, a request for 100 percent extended test time (double time) does not require documentation if you are submitting a *Part III — Certification of Eligibility: Accommodations History* form and you are requesting braille, a human reader or recorded audio.

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

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

**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. *Praxis* test takers can go to <https://www.ets.org/praxis>; and SLS test takers can go to <https://www.ets.org/sls>. 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**

Be sure to attach the following items with your email message:

- Completed *Testing Accommodations Request Form*
- Completed *Praxis* or *SLS Test Authorization Request Form for Test Takers with Disabilities or Health-related Needs*
- Disability documentation (if required)

Requests for accommodations should be sent to [disability.reg@ets.org](mailto:disability.reg@ets.org).

**Please note:** Do not include credit card information with your mail or email. Once your application has been received at ETS, you will receive an email with instructions regarding payment options.

**Submitting Your Material by Mail or Courier Service**

Be sure to include the following with your request:

- Completed *Testing Accommodations Request Form*
- Completed *Praxis* or *SLS Test Authorization Request Form for Test Takers with Disabilities or Health-related Needs*
- Disability documentation (if required)

Mail your material to the appropriate address below.

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.



Once your accommodations have been approved, you will receive an email from ETS Disability Services with instructions regarding how to register for the *Praxis* or SLS test.

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

## **CHANGING OR CANCELLING A TEST**

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If you are scheduled to take a computer-delivered test at a Prometric® center, you may change or cancel your test by calling Prometric at 1-800-967-1139. For all other testing, contact ETS Disability Services. See page 2 for contact information.

## **PRAXIS OR SLS TEST PREPARATION**

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Information about test preparation materials for the *Praxis* test is available at [www.ets.org/praxis/prepare/materials](http://www.ets.org/praxis/prepare/materials). Information about test preparation for the SLS is available at [www.ets.org/sls/prepare/materials](http://www.ets.org/sls/prepare/materials).

If you need *Praxis* or SLS test preparation materials in an alternate format not already on the program website, contact ETS Disability Services. See page 2 for contact information.

## **SCORE REPORTING**

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Information about score reporting can be found in the *Praxis*/SLS Information Bulletin or on the program's websites. *Praxis* score reporting information can be found at <http://www.ets.org/praxis/scores>; School Leadership Series score reporting information can be found at <https://www.ets.org/sls/scores/reports>. Test takers who are blind can contact ETS Disability Services by phone for their test scores. See page 2 for contact information.

# PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information

**Instructions:** Complete this page and sign the Applicant's Verification Statement on page 15.

**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 |
|------------|------|-----------|
|            |      |           |

**Address Line 1**

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|  |
|--|

**Address Line 2**

|  |
|--|
|  |
|--|

| City | State or Province |
|------|-------------------|
|      |                   |

| ZIP or Postal Code | Country |
|--------------------|---------|
|                    |         |

| Gender  | Date of Birth   | U.S. Social Security Number   |
|---|---|---|
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year | (last 4 digits) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

**Day Phone Number**

|  |
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**Evening Phone Number**

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|  |
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**Fax Number**

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**Email Address**

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Test/assessment I am applying for:  Praxis  School Leadership Series

Testing Location (Please select one):  I intend to test at home  I intend to test at a test center

Nature of your disability (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Blind or legally blind                    | <input type="checkbox"/> Physical (identify condition)                                     |
| <input type="checkbox"/> Low vision                                | _____  |
| <input type="checkbox"/> Deaf                                      | <input type="checkbox"/> Psychological (identify condition)                                |
| <input type="checkbox"/> Hard-of-hearing                           | _____  |
| <input type="checkbox"/> ADD/ADHD                                  | <input type="checkbox"/> Medical condition (identify condition; must submit documentation) |
| <input type="checkbox"/> Learning Disability                       | _____  |
| <input type="checkbox"/> Traumatic Brain Injury                    | <input type="checkbox"/> Other (identify condition; must submit documentation)             |
| <input type="checkbox"/> Autism Spectrum Disorder (e.g., Asperger) | _____  |

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):

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## ACKNOWLEDGMENT

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This Acknowledgment, including the Privacy Notice at [www.ets.org/legal/privacy](http://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](mailto: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 section 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](mailto: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](mailto: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](mailto: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.<sup>1</sup>

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<sup>1</sup>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.

# PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

## Part I — Applicant Information (*continued*)

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

### 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 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 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 — *Certification of Eligibility: Accommodations History* form 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* 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.

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.**

# PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

## Part II — Accommodations Requested

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

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     TOEFL®

Previous test(s) taken: \_\_\_\_\_    Previous test date(s) (month/year): \_\_\_\_\_  
 \_\_\_\_\_

### REQUESTED ACCOMMODATIONS (Check all that apply)

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

- 25 percent (time and one-quarter)     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

#### Accommodations for Computer-delivered Tests

- Screen magnification  
 Selectable background and foreground colors

#### Alternate Test Formats

- Braille (only applicants who are blind or have low vision)  
 Large-print test book  
 Large-print answer sheet  
 Audio recording<sup>1</sup>

*(continued on next page)*

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<sup>1</sup> For recorded audio versions of tests containing graphics, a tactile or large-print figure supplement can be provided.



# PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

## Part II — Accommodations Requested (*continued*)

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

**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 (available only at test centers)
- Human scribe (available only at test centers)
- Braille slate and stylus (for note taking only; and only applicants who are blind or have low vision)
- Perkins braille (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; available only at test centers)
- Oral interpreter (for check-in assistance and spoken directions only) (Only applicants who are deaf or hard-of-hearing; available only at test centers)

**Other Accommodations.** If you are requesting accommodations other than those listed above (e.g., medical supplies/ assistive devices), please describe them below (including make/model information, if applicable) and submit appropriate documentation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

# **PRAXIS/SCHOOL LEADERSHIP SERIES 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 form 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% extended time or less and/or additional breaks only; OR
2. Blindness/legal blindness or hearing loss who are requesting those accommodations listed on pages 7–8 for these conditions.

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.**

# PRAXIS/SCHOOL LEADERSHIP SERIES 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 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...**

| <b>Yes</b>                  | <b>No</b>                | <b>N/A</b>               |   |
|-----------------------------|--------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meet the recency criteria set forth at <b><i>www.ets.org/disabilities</i></b> (e.g., LD, ADHD, and/or ASD within 5 years; psychiatric with 1 year, etc.)?                                       |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Include complete educational, developmental, and medical history relevant to the disability for which accommodations are being requested?   |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Describe the functional limitations resulting from the diagnosed disability?  |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Describe the specific accommodation(s) requested and adequately support each requested accommodation?   |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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)? |

# PRAXIS/SCHOOL LEADERSHIP SERIES 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. Applicant's 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.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

From \_\_\_\_\_/\_\_\_\_\_  
Month Year                      To \_\_\_\_\_/\_\_\_\_\_  
Month Year

# PRAXIS/SCHOOL LEADERSHIP SERIES TESTING ACCOMMODATIONS REQUEST FORM

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

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

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): \_\_\_\_\_

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 applicant's 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 ETS's Documentation Criteria, ETS will withhold or cancel the applicant's score(s).

**PRAXIS/SCHOOL LEADERSHIP SERIES 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**

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

\_\_\_\_\_  
Signature of Authorized Professional

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Institution/Agency/Place of Employment

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Email Address

Attach Business Card Here

# TEST AUTHORIZATION VOUCHER REQUEST FORM



If paying by paper check or money order, mail this completed form with your test fee to:

ETS-Praxis  
PO BOX 382065  
Pittsburgh, PA 15251-8065

- Check here if you are not requesting testing accommodations.
- Check here if you are requesting testing accommodations. Before you fill out this form, you must create a profile at [www.ets.org/praxis/register](http://www.ets.org/praxis/register). When you create your profile, a candidate ID number will be assigned to you. After you get your candidate ID number, complete this form and follow the instructions in the *Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs* at [www.ets.org/praxis/register/disabilities](http://www.ets.org/praxis/register/disabilities).

PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

|   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
|---|-----|------|------------------------|-------|---|----------------------|--------------------------|-------------------------------|---|--|-------------------------|---|
| NAME: Print your last name, first name, and middle initial.   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
| Last Name – first 15 letters                                  |     |      |                        |       |   |                      |                          | First Name – first 10 letters |   | M.I.                                       |                         |   |
| MAILING ADDRESS: Number and Street (include apartment number) |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
|   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
| City  |     |      |                        | State |   | ZIP Code (U.S. only) |                          |                               |   | Country Code<br>(Outside U.S. & P.R. only) |                         |   |
|   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
| EMAIL ADDRESS   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
|   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
| DATE OF BIRTH   |     |      | SOCIAL SECURITY NUMBER |       |   |                      | DAYTIME TELEPHONE NUMBER |                               |   |  | Candidate ID (if known) |   |
| Month   | Day | Year | –                      | –     | – | –                    | –                        | –                             | – | –  | –                       | – |
| TEST CODE   |     |      | TEST NAME              |       |   |                      |                          |                               |   |  |                         |   |
|   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
|   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |
|   |     |      |                        |       |   |                      |                          |                               |   |  |                         |   |

**For test takers requesting an accommodation:**

PREFERRED TEST DATE \_\_\_\_\_ PREFERRED TEST LOCATION \_\_\_\_\_

**PAYMENT** Please make check or money order payable to ETS-Praxis. **Do not send cash.** Orders received without payment or with incorrect payment may be returned. If you are requesting an accommodation and prefer to pay online, do not send your payment with this form. You can pay online after your accommodation has been approved.



**NOTE:** By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. If you do not have sufficient funds in your account, an additional service fee of \$20 will be added to your account.

Payment enclosed

If paying by credit card, indicate which card you are using and provide your card number, expiration date and the cardholder's signature.

**IMPORTANT NOTE:** If you are requesting testing accommodations and 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 Card Account Number \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

I understand and acknowledge the terms and conditions outlined in the Acknowledgment policy on the next page of this form.

Please write, DO NOT PRINT, the following statement.

I hereby agree to the conditions set forth in the 2021–22 Praxis Information 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 at the center and whose name and address appear on this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# TEST AUTHORIZATION VOUCHER REQUEST FORM *(continued)*

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## **ACKNOWLEDGMENT**

This Acknowledgment, including the Privacy Notice at [www.ets.org/legal/privacy](http://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](mailto: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



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# TEST AUTHORIZATION VOUCHER REQUEST FORM *(continued)*

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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 section 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.<sup>1</sup>

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<sup>1</sup>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.

# TEST AUTHORIZATION VOUCHER REQUEST FORM



If paying by paper check or money order, mail this completed form with your test fee to:

ETS — SLS  
P.O. Box 382065  
Pittsburgh, PA 15251-8065

**If you would like to pay for your test registration with a credit/debit card or PayPal, and are not requesting testing accommodations, you do not need to fill out this form. You may register online.**

- Check here if you are paying by check or money order and are not requesting testing accommodations.
- Check here if you are requesting testing accommodations.

PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

|   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |      |
|---|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|------|
| NAME: Print your last name, first name, and middle initial. |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |      |
| Last Name – first 15 letters                                |  |  |  |  |  |  |  |  |  | First Name – first 10 letters |  |  |  |  | M.I. |

|   |  |  |  |  |       |  |                      |  |  |  |  |   |  |  |
|---|--|--|--|--|-------|--|----------------------|--|--|--|--|---|--|--|
| MAILING ADDRESS: Number and Street (include apartment number) |  |  |  |  |       |  |                      |  |  |  |  |   |  |  |
|   |  |  |  |  |       |  |                      |  |  |  |  |   |  |  |
| City  |  |  |  |  | State |  | Zip Code (U.S. only) |  |  |  |  | Country Code<br><small>(Outside U.S. &amp; P.R. only)</small> |  |  |
|   |  |  |  |  |       |  |                      |  |  |  |  |   |  |  |

|               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| EMAIL ADDRESS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| DATE OF BIRTH |     |      | SOCIAL SECURITY NUMBER |  |  |  | DAYTIME TELEPHONE NUMBER |  |  |  | Candidate ID (if known) |  |  |  |  |  |  |  |
|---------------|-----|------|------------------------|--|--|--|--------------------------|--|--|--|-------------------------|--|--|--|--|--|--|--|
|               |     | 19   |                        |  |  |  |                          |  |  |  |                         |  |  |  |  |  |  |  |
| Month         | Day | Year |                        |  |  |  |                          |  |  |  |                         |  |  |  |  |  |  |  |

PREFERRED TEST DATE \_\_\_\_\_ PREFERRED TEST LOCATION \_\_\_\_\_

**SLS TEST FEES** Please check the appropriate box for the test(s) you are planning to take.

- \$425 School Leaders Licensure Assessment
- \$350 School Superintendent Assessment
- \$120 Connecticut Administrator Test

**PAYMENT** Please make check or money order payable to ETS–SLS. **Do not send cash.** Orders received without payment or with incorrect payment may be returned. If you are requesting an accommodation and prefer to pay online, do not send your payment with this form. You can pay online after your accommodation has been approved.

**NOTE: By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. If you do not have sufficient funds in your account, an additional service fee of \$20 will be added to your account.**

- Payment enclosed

If paying by credit card, indicate which card you are using and provide your card number, expiration date and the cardholder's signature.

**IMPORTANT NOTE:** If you are requesting testing accommodations and 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 Card Account Number Expiration Date (MM/YY)

\_\_\_\_\_  
Cardholder's Signature

- I understand and acknowledge the terms and conditions outlined in the Acknowledgment on the next page of this form.

**Please write, DO NOT PRINT, the following statement.**

- I hereby agree to the conditions set forth in the 2019–20 *School Leadership Series Assessment Information 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 at the center and whose name and address appear on this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# TEST AUTHORIZATION VOUCHER REQUEST FORM *(continued)*

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## ACKNOWLEDGMENT

This Acknowledgment, including the Privacy Notice at [www.ets.org/legal/privacy](http://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](mailto: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.

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# TEST AUTHORIZATION VOUCHER REQUEST FORM *(continued)*

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## ***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 section 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.<sup>1</sup>

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<sup>1</sup> 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.





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