Michigan Test for Teacher Certification

Alternative Testing Arrangements
October 7, 2022

Today's Goals

- Provide information on Alternative Testing Arrangements

- Process to request arrangements

- Documentation requirements

- Accommodations for English learners

- Q & A

Alternative Testing Arrangements

◆ What
  – Alteration of standard testing conditions, procedures, and/or materials

◆ Why
  – Americans with Disabilities Act (ADA)

◆ How
  – Case-by-case basis

MTTC Website

♦ https://www.mttc.nesinc.com/

♦ **MTTC** customer service
  – email
  – 800-823-9225

No Pre-approval Needed

◆ Wheelchair accessible

◆ Visual enhancements

◆ Comfort Aids

◆ Frequent or unscheduled breaks are permitted to use restroom, take medication, use an inhaler, etc.

– Any time taken is part of the examinee's available testing time.

Comfort Aids

- Medicine and Medical Devices

- Mobility Devices

- Visual Inspection by test center staff

- List available online
  https://home.pearsonvue.com/Test-takers/Accommodations/Pearson-VUE-Comfort-Aid-List-PDF.aspx

Procedures for Requesting Arrangements

1. Review "Documentation Requirements" and collect necessary documents

2. Register for the test
   - Declare intent to request alternative testing arrangements
   - DO NOT schedule test appointment

3. Submit Alternative Testing Arrangements Request Form *with each registration*

Procedures for Requesting Arrangements

4. Check email for notification of resolution

   – Up to three weeks

   – Check spam folder

5. Follow instructions provided in the resolution email to schedule appointment

Alternative Testing Arrangements Request Form

https://reg3.nesinc.com/Contact/AccommodationDetails.aspx?p=MTTC

55

Alternative Testing Arrangements Request Form

Alternative Testing Arrangements Request Form

A red asterisk * indicates a required field.

Alternative testing arrangements may only be applied to unscheduled test registrations.

Prior to submitting this form:
- **Register** for the test(s) for which you are requesting accommodations.
- **Do not schedule** your appointment. If you did schedule a test date, please **cancel** your appointment before completing and submitting this form.

Candidate ID Number:* [_____] (Found in your registration account)

First Name:* [_____]

Middle Initial: [____]

Last Name:* [_____]

Last 5 digits of Social Security Number:* [_____]

Email:* [_____]

Confirm Email:* [_____]

Mailing Address:* [_____]

Address Line Two: [_____]

City:* [_____]

State/Province/Region:* [_____]

Zip/Postal Code:* [_____]

Country:* [_____]

Daytime Phone:* [_____]

Evening Phone: [_____]

Test(s) for which you registered: *

[_____]

Current Characters (Max 500): 0

For Individuals for Whom English Is Not a Primary Language

☐ Check here if English is not your primary language and you are indicating a request for an extension of testing time. By doing so you certify that the basis of your request is the fact that English is not your primary language. Note: this extension is not offered for tests in languages other than English. You must enclose documentation supporting your request that certifies that English is not your primary language. You may skip the next two questions if this is your only request.

Identify the disability for which you are requesting alternative testing arrangements:*

[_____]

Current Characters (Max 500): 0

List the specific alternative testing arrangement(s) that you are requesting (please note: only the requests listed will be considered):*

[_____]

Current Characters (Max 1000): 0

If you plan to bring a medical device into the testing room, please provide the make and model of any device(s) you intend to bring:

[_____]

Current Characters (Max 500): 0

Alternative Testing Arrangements Request Form

Documentation (check one of the following)*:
○ I am requesting one of the alternative testing arrangements listed below because of a disability. Medical documentation is not required for the following accommodations:
- Allowance of a medical device in the testing room.
- Use of a trackball mouse.
- Adjustable table.

○ I am requesting alternative testing arrangements other than those listed above. Therefore, I have enclosed documentation, if required, as indicated on the current program website.

○ I am requesting alternative testing arrangements other than those listed above. My institution has a copy of my documentation on file, and I am only requesting accommodations listed in section 8 of the Institutional Verification of Documentation Form. Therefore, I have submitted an Institutional Verification of Documentation Form, completed by an appropriate institution representative.

○ I have been approved for alternative testing arrangements for this testing program in the past. The accommodations I am requesting and the condition of my disability have not changed. Therefore, the documentation I have previously submitted may be used.

Previous Alternative Testing Arrangements (check one of the following)*:
○ I have not previously been granted alternative testing arrangements.
○ For a previous test session, I was granted the same alternative testing arrangements as I am currently requesting.
○ For a previous test session, I was granted different alternative testing arrangements from those that I am currently requesting.

Upload Your Files
Preview your files before uploading. Ensure they are legible and complete.
Activate the "Add" button and select a file to upload.
Continue adding files as needed, up to ten files totaling no more than 20 megabytes.
To remove a file from the queue, activate the red "X" Close button next to the filename.

Add

I have read the current program website and hereby agree to abide by the conditions set forth, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form for Computer-Based Testing, any required documentation as noted on the program website. If my institution is submitting an Institutional Verification of Documentation on my behalf, I authorize that institution to submit a copy of the documentation referenced on that form to Evaluation Systems upon request. I understand that the information I provide, including any supporting documentation, may be shared with the MDE in order to process my request. I understand that I should submit my request and all necessary documentation as early as possible in advance of my desired test date. Because of space, staff, and time constraints, I may not be able to schedule a test appointment with accommodations in my preferred date range. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test(s) under alternative conditions.

☐ **Agree***

Please check the box below.

☐ I'm not a robot — reCAPTCHA — Privacy - Terms

Please note, this form must be submitted with each registration.

Submit

Documentation Requirements

- Learning or Cognitive Disability
- All Other Disabilities or Health Conditions
- English learners
- *Submitted with first request only UNLESS there is a change in the condition or the arrangements requested*

Documentation Requirements

- Learning or Cognitive Disability
  1. Signed statement by a qualified professional
  2. Recommended arrangement(s), or verification that examinee has received the accommodation at the high school or college/university level
  3. Diagnosis
  4. Results of diagnostic tests
  5. Meet currency requirements

Documentation Requirements

- ◆ All Other Disabilities or Health Conditions
  1. Signed statement by a qualified professional
  2. Recommended arrangement(s), or verification that examinee has received the accommodation at the high school or college/university level.
  3. Results of diagnostic tests
  4. Meet currency requirements

Documentation of Currency Policy

- Learning or Cognitive Disabilities
  - Dated within past 5 years
  - If greater than 5 years, recommendation is from high school or later
- All Other Disabilities or Health Conditions
  - Dated within past 5 years
  - Provide confirmation of a permanent physical condition (e.g., blind, deaf)

English learners

- 50% additional time
- Must submit Alternative Testing Arrangements Request Form

For Individuals for Whom English Is Not a Primary Language

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Documentation Requirements

◆ English learners – 50% additional time

- Letter from college/university on institution's letterhead and signed by authorized representative

OR

- Copy of birth certificate, visa, passport if born outside of the U.S.

- No currency requirement

Institutional Verification

- Applies to:
  - 50% extra time
  - ASL interpreter for communication with test center staff
  - Braille test format
  - Screen magnification software greater than 200%
- https://www.mttc.nesinc.com/Content/Form/IVOD.htm

Institutional Verification Requirements

- Documentation printed on official institution letterhead

- Documentation completed and signed by an authorized professional

  - Office of Disability Services at the institution

  - Department of Vocational Rehabilitation in the examinee's state of residence

Institutional Verification of Documentation

Institutional Verification of Documentation

Authorized Institutional Representative Information

This portion of the form may only be completed by a college/university or vocational rehabilitation representative as described above.

3. Representative Name

4. Representative Title

5. Institution

6. Representative Telephone Number

7. Representative Email Address

8. Alternative Testing Arrangements

Indicate which of the following accommodations are supported by the documentation on file at your institution and provided by your institution for the examinee. If the examinee is requesting an accommodation not listed below, documentation must be submitted directly to Evaluation Systems.

☐ 50% Extra time (time and one half)

☐ Sign language interpreter (for communication with test center staff)

☐ Screen magnification software (allowing for magnification greater than 200%)*

☐ Braille test format

*All examinees have access to visual enhancement features, including color contrast and font enlargement up to 200%, without prior approval.

Institutional Verification of Documentation

Documentation

Please provide the following information contained in the most recent documentation on file for the examinee named in section 1 of this form. Please note that the diagnosing professional cannot be the individual named in section 3.

9. Diagnosed disability or disabilities:

Diagnosed disability:

Name and credentials of diagnosing professional: **Date of the evaluation:**

mm/dd/yyyy

Diagnosed disability:

Name and credentials of diagnosing professional: **Date of the evaluation:**

mm/dd/yyyy

Diagnosed disability:

Name and credentials of diagnosing professional: **Date of the evaluation:**

mm/dd/yyyy

If you require more space, you may attach an additional document, printed on institution letterhead, and then submit with this completed form.

Institutional Verification of Documentation

10. Certification

Please review the below statements. If any of the below statements cannot be certified, please submit documentation directly to Evaluation Systems in lieu of submitting this form.

By initialing each statement below, I certify that:

The documentation on file for this examinee meets all requirements described in "Required Documentation" on the Michigan Test for Teacher Certification program website.

The documentation on file for this examinee is current, according to the "Documentation Currency Policy" on the Michigan Test for Teacher Certification program website.

I understand this form may only be used for the accommodations listed in section 8.

11. I certify that I am the person whose name appears on this form. I have printed this form on official institution letterhead. I have reviewed the "Registering for Alternative Testing Arrangements" section of the current Michigan Test for Teacher Certification program website and certify that the documentation supporting the examinee's request for accommodations referenced on this form meets the criteria described therein and is on file with the institution named on this form. I agree to produce a copy of the documentation referenced on this form for Evaluation Systems upon request as part of program monitoring and review, which may include routine audits. Evaluation Systems reserves the right to suspend the Institutional Verification of Documentation option for an institution found to be in noncompliance with associated requirements as a result of such an audit. I understand that the examinee authorizes the release of this information by submitting a completed Alternative Testing Arrangements Request Form.

Signature

Date

mm/dd/yyyy

Print this form on institutional letterhead. You may "save as PDF" first to save it, and then print it on institutional letterhead when you are able to do so.

Print

Appeals Process

◆ Submitted in writing
- – Name, address, candidate ID number
- – Date of the appeal
- – Additional documentation that supports the request
- – Brief summary of why the request should be granted
- – Candidate's signature on the appeal

Q & A