

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 <u>with</u> <u>each registration</u>



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://req3.nesinc.com/Contact/AccommodationDetails.aspx?p=MTTC

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



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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	19
For Individuals for Whom English Is Not a Primary Language	
☐ Check here if English is not your primary language and you are indicating a testing time. By doing so you certify that the basis of your request is the fact tha language. Note: this extension is not offered for tests in languages other than Endocumentation supporting your request that certifies that English is not your pring the next two questions if this is your only request.	t English is not your primary nglish. You must enclose
Identify the disability for which you are requesting alternative testing arrai	ngements:*
Current Characters (Max 500): 0 List the specific alternative testing arrangement(s) that you are requesting requests listed will be considered):*	(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 device(s) you intend to bring:	the make and model of any
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.
O 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.
O For a previous test session, I was granted the same alternative testing arrangements as I am currently requesting.
O 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

-	rticipation, and I certify that I am the person whose name and address mpleted my test registration and submitted correct payment. I am
	completed Alternative Testing Arrangements Request Form for Computer
Based Testing, any required d	ocumentation as noted on the program website. If my institution is
	ification of Documentation on my behalf, I authorize that institution to
	ntation referenced on that form to Evaluation Systems upon request. I
	on I provide, including any supporting documentation, may be shared with ny request. I understand that I should submit my request and all
	early as possible in advance of my desired test date. Because of space,
	nay not be able to schedule a test appointment with accommodations in
	derstand and agree that the alternative testing arrangements I have
	due consideration. If, and to the extent that, any such request is granted
I understand that I will be takin	ng the test(s) under alternative conditions.
☐ Agree*	
ase check the box below.	
ase check the box below.	
ase check the box below.	Č
	reCAPTCHA
	гесартсна
	reCAPTCHA. Privacy - Terms
I'm not a robot	
ease check the box below. I'm not a robot ease note, this form must be sub	



- 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



- 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



- 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

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.



- 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

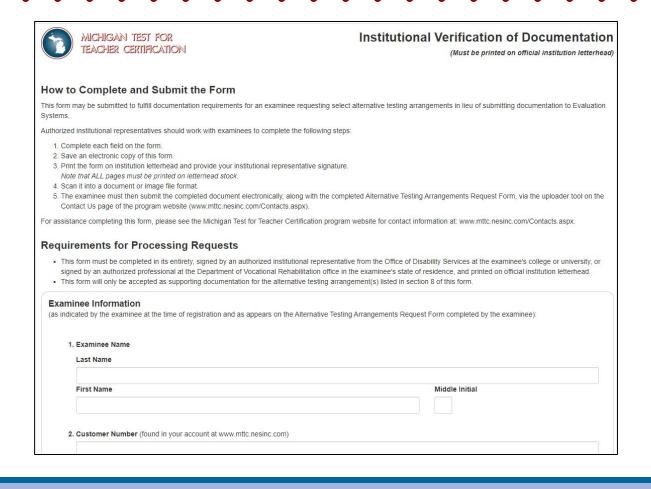
- Applies to:
 - 50% extra time
 - ASL interpreter for communication with test center staff
 - Braille test format
 - Screen magnification software greater than 200%
- https://www.mttc.nesinc.com/Content/Form/IVOD.htm



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

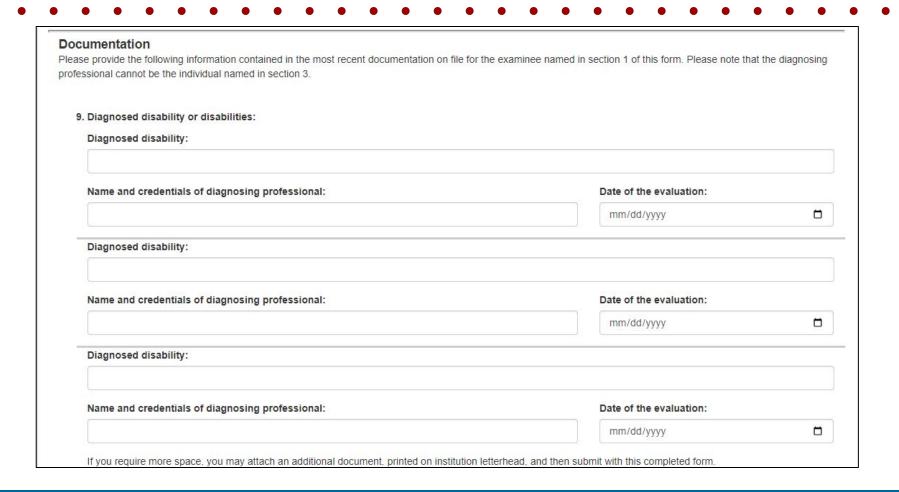






	nabilitation representative as described above.
3. Representative Name	
4. Representative Title	
5. Institution	
6. Representative Telephone Number	
7. Representative Email Address	
	ation on file at your institution and provided by your institution for the examinee. If th
8. Alternative Testing Arrangements Indicate which of the following accommodations are supported by the document: examinee is requesting an accommodation not listed below, documentation mus	
Indicate which of the following accommodations are supported by the documentations	







this form.	•	
By initialing each statement below, I certify that:		
The documentation on file for this examinee meets all requirements described in "Re Documentation" on the Michigan Test for Teacher Certification program website.	quired	
The documentation on file for this examinee is current, according to the "Documentation on the Michigan Test for Teacher Certification program website.	ion Currency Policy"	
Testing Arrangements" section of the current Michigan Test for Teacher Certification pro	gram website and certify that the documentation supporting	the examinee's
11. I certify that I am the person whose name appears on this form. I have printed this form	gram website and certify that the documentation supporting n and is on file with the institution named on this form. I agre art of program monitoring and review, which may include ro entation option for an institution found to be in noncomplian	the examinee's ee to produce a cop utine audits. ce with associated
11. I certify that I am the person whose name appears on this form. I have printed this form Testing Arrangements" section of the current Michigan Test for Teacher Certification proceedings of the accommodations referenced on this form meets the criteria described there of the documentation referenced on this form for Evaluation Systems upon request as provided the Evaluation Systems reserves the right to suspend the Institutional Verification of Docum requirements as a result of such an audit. I understand that the examinee authorizes the Arrangements Request Form.	gram website and certify that the documentation supporting in and is on file with the institution named on this form. I agree art of program monitoring and review, which may include resentation option for an institution found to be in noncompliant are release of this information by submitting a completed Alternation.	the examinee's ee to produce a cop utine audits. ce with associated
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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

