

9. Identify the disability for which you are requesting alternative testing arrangements.

10. List the specific alternative testing arrangement(s) that you are requesting.

11. 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 in "Registering for Alternative Testing Arrangements."

12. Previous alternative testing arrangements (check one of the following):

- I have not previously been granted alternative testing arrangements for the Certification Examinations for Oklahoma Educators™ (CEOE™).
- For a previous administration of the CEOE, I was granted the same alternative testing arrangements as I am currently requesting. (Indicate the most recent test date: _____)
- For a previous administration of the CEOE, I was granted different alternative testing arrangements from those that I am currently requesting. Please explain and include the test date:

13. I have read the 2009–2010 CEOE™ Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation for Computer-Based Testing, 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 in the bulletin. I understand that the information I provide, including any supporting documentation, may be shared with the Oklahoma Commission for Teacher Preparation (OCTP) 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 under alternative conditions.

Signature _____

Date _____