

# Request for Special Modification of Standard GED Test Administration for Test-takers with Motor or Sensory Disabilities

2021 Brunswick Street  
PO Box 578  
Halifax, NS B3J 2S9  
Phone: (902) 424-3626  
FAX: (902) 424-1171

Due to the time required to review these cases, you must submit this form along with your application form, GED fee, and medical documentation at least **FOUR WEEKS** prior to the preferred writing date.

This form is to be completed and sent to the GED Testing Service in Halifax for consideration. Supporting medical documentation or a summary of recognized and standardized test results verifying the condition **MUST** be included or this request cannot be considered.

Test-taker Information

**This section is to be completed by the test-taker.**

GED Test-taker Name (please print)

Date of Birth

Address

Preferred Testing Date

Preferred Testing Location (City, Town)

I give permission to release my medical records to verify my special testing request.

Signature of GED Test-taker or Guardian

The remainder of this form must be completed by the certifying professional. Briefly describe the special modification in standard GED test administration that you propose. Please define the motor or sensory condition(s) that make accommodations necessary and **attach any supporting documents**.

Reasons for Special Accommodations

• **Description of Motor or Sensory Disability:**

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

• **Modification Requested:**

Check only those that are required for fair testing. Do not check accommodations which would be helpful, but not required for fair testing.

- |   |  |
|---|--|
| <input type="checkbox"/> Extra time                     | <input type="checkbox"/> Large print edition           |
| <input type="checkbox"/> Printed test instructions      | <input type="checkbox"/> Audiocassette                 |
| <input type="checkbox"/> Interpreter for deaf candidate | <input type="checkbox"/> Scribe                        |
| <input type="checkbox"/> Frequent Breaks                | <input type="checkbox"/> Other; please describe: _____ |

Continue on back page if necessary

• **Certifying Professional:**

- |   |  |
|---|--|
| <input type="checkbox"/> M.D.                     | <input type="checkbox"/> Social Worker                                     |
| <input type="checkbox"/> Rehabilitative Counselor | <input type="checkbox"/> Teacher (can verify existence of medical records) |
| <input type="checkbox"/> Career Counselor         | <input type="checkbox"/> Other _____                                       |

(Address and phone number)

Date

Certifying Professional

**DEPARTMENT OF LABOUR AND  
WORKFORCE DEVELOPMENT  
GED® REGIONAL OFFICES**

**Halifax Regional Municipality**

GED Testing Service, Department of Labour and Workforce Development  
4th Floor, 2021 Brunswick Street, Brunswick Place  
PO Box 578, Halifax, NS B3J 2S9  
(902) 424-4227

**Cape Breton and Victoria Counties**

GED Testing Service, Department of Labour and Workforce Development  
360 Prince Street, 3<sup>rd</sup> floor, Suite 39  
Sydney, NS B1P 5L1  
(902) 563-2312

**Guysborough, Antigonish, Richmond  
and Inverness Counties**

GED Testing Service, Department of Labour and Workforce Development  
c/o Strait Area Campus, NSCC  
226 Reeves Street  
Port Hawkesbury, NS B9A 2A2  
(902) 625-3761

**Hants, Kings, Annapolis, and Digby Counties**

GED Testing Service, Department of Labour and Workforce Development  
c/o Kingstec Campus, NSCC  
236 Belcher Street  
Kentville, NS B4N 3X3  
(902) 679-6203

**Colchester, Cumberland and Pictou Counties**

GED Testing Service, Department of Labour and Workforce Development  
60 Lorne Street, Suite 3  
Truro, NS B2N 3K3  
(902) 893-5890

**Lunenburg, Queens, Shelburne, and Yarmouth, Counties**

GED Testing Service, Department of Labour and Workforce Development  
80 Logan Road  
Bridgewater, NS B4V 3J8  
(902) 543-0649

**FOR OFFICE USE ONLY**

- Approval pending, reason:
  - Additional information required
  - Supporting documentation required

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- Not approved, reason:

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- Approved with the following modifications only

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- Approved with modifications as requested

- Testing assigned to:

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\_\_\_\_\_  
**GED Administrator**

\_\_\_\_\_  
**Date**