

TASC™ TESTING ACCOMMODATIONS WAIVER FORM

Examinee Legal Name :			
Test Center Code:	Test Center Name:		
TASC ID (UUID):	Test Date ____/____/____	<input type="checkbox"/> PBT	<input type="checkbox"/> CBT
TASC™ Coordinator/Examiner Name:			

**I was Approved for the following
Testing Accommodations:**

Extended Standard Testing Time <input type="checkbox"/> 1.25 Times <input type="checkbox"/> 1.50 Times <input type="checkbox"/> 2.00 Times <input type="checkbox"/> Other: _____ (Indicate)
<input type="checkbox"/> Audio CD of subtest
<input type="checkbox"/> Signed Essay or Video/Deaf and Hard of Hearing
<input type="checkbox"/> DVD of Signed Instructions
<input type="checkbox"/> Calculator
<input type="checkbox"/> Talking Calculator
<input type="checkbox"/> Scribe
<input type="checkbox"/> Private Room
<input type="checkbox"/> Supervised Breaks
<input type="checkbox"/> Instruction Interpreted
<input type="checkbox"/> Braille
<input type="checkbox"/> Small Group
<input type="checkbox"/> Screen Reader
<input type="checkbox"/> Preferential Seating
<input type="checkbox"/> Adaptive Equipment
<input type="checkbox"/> Adaptive Furniture
<input type="checkbox"/> Technology-Assisted Writing
<input type="checkbox"/> Assistive Device
<input type="checkbox"/> Other _____

**I am Declining the following
Testing Accommodations:**

Extended Standard Testing Time <input type="checkbox"/> 1.25 Times <input type="checkbox"/> 1.50 Times <input type="checkbox"/> 2.00 Times <input type="checkbox"/> Other: _____ (Indicate)
<input type="checkbox"/> Audio CD of subtest
<input type="checkbox"/> Signed Essay or Video/Deaf and Hard of Hearing
<input type="checkbox"/> DVD of Signed Instructions
<input type="checkbox"/> Calculator
<input type="checkbox"/> Talking Calculator
<input type="checkbox"/> Scribe
<input type="checkbox"/> Private Room
<input type="checkbox"/> Supervised Breaks
<input type="checkbox"/> Instruction Interpreted
<input type="checkbox"/> Braille
<input type="checkbox"/> Small Group
<input type="checkbox"/> Screen Reader
<input type="checkbox"/> Preferential Seating
<input type="checkbox"/> Adaptive Equipment
<input type="checkbox"/> Adaptive Furniture
<input type="checkbox"/> Technology Assisted Writing
<input type="checkbox"/> Assistice Device
<input type="checkbox"/> Other _____

Although I was approved for certain testing accommodations, I have declined those accommodations I have checked above.

Examinee Name (Print)	Signature of Examinee	Date
Parent or Guardian Name* (Print)	Signature or Parent, Guardian*	Date
*Applies only to examinees under age 18		
TASC™ Coordinator/Examiner Signature		Date