TASCTM TESTING ACCOMMODATIONS WAIVER FORM

Examinee Legal Name :		
Test Center Code:	Test Center Name:	
TASC ID (UUID):	Test Date//	PBT CBT
TASC [™] Coordinator/Examiner Name:		

I was Approved for the following Testing Accommodations:

I was Approved for the following Testing Accommodations:	I am Declining the following Testing Accommodations:
Extended Standard Testing Time	Extended Standard Testing Time
□ 1.25 Times □ 1.50 Times □ 2.00 Times	□ 1.25 Times □ 1.50 Times □ 2.00 Times
□ Other:(Indicate)	Other:(Indicate)
Audio CD of subtest	Audio CD of subtest
Signed Essay or Video/Deaf and Hard of Hearing	Signed Essay or Video/Deaf and Hard of Hearing
DVD of Signed Instructions	DVD of Signed Instructions
Calculator	
Talking Calculator	Talking Calculator
Scribe	Scribe
Private Room	Private Room
Supervised Breaks	Supervised Breaks
Instruction Interpreted	Instruction Interpreted
Braille	Braille
Small Group	Small Group
Screen Reader	Screen Reader
Preferential Seating	Preferential Seating
Adaptive Equipment	Adaptive Equipment
Adaptive Furniture	Adaptive Furniture
Technology-Assisted Writing	Technology Assisted Writing
Assistive Device	Assistice Device
Other	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) *Applies only to examinees under age 18 Signature or Parent, Guardian*

Date

TASCTM Coordinator/Examiner Signature 02/25/2015 12

Date