

# PTE Academic Accommodations request form

**Instructions:** To apply for testing accommodations you must complete this form as fully as possible and return it by post or fax to the accommodations team in your region. Your request will be assessed and you will be notified of the outcome within four to six weeks of your request being received.

In support of your application you are required to provide current (dated within the last 2 years) documentation from a qualified evaluator who is familiar with your disability and the functional impact of your disability on your ability to perform on PTE Academic.

Be sure that the spelling of your name on this form matches the name printed on the identification you will present at the test centre on the day of your test. If this information does not match, you will NOT be admitted to the test centre, and you will lose your test fee.

Pearson reserves the right to deny any request for an accommodation that would infringe upon test validity or security.

## Personal information (all fields are compulsory)

Name:	
Address:	
Date of birth:	
Email:	
Telephone number:	

## Nature of your disability

Please tick/check all that apply:

Physical disability:	<input type="checkbox"/>
ADHD:	<input type="checkbox"/>
Learning Difficulties:	<input type="checkbox"/>
Psychological difficulties:	<input type="checkbox"/>
Visual difficulties:	<input type="checkbox"/>
Hearing difficulties:	<input type="checkbox"/>
Speech impediments:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

## Additional Information

Please supply any other relevant information about the nature of your disability:

When was your disability first diagnosed? (date)	
When did you last have a professional assessment of your disability? (date)	

**Request for testing accommodations**

Please tick/check the accommodation(s) that you are requesting:

*Minor modifications*

Adjustable chair:	<input type="checkbox"/>
Adjustable workstation:	<input type="checkbox"/>
Wheelchair access:	<input type="checkbox"/>
Switching the computer mouse from right-hand to left-hand operation:	<input type="checkbox"/>
Adjustments to the brightness or contrast of the computer screen:	<input type="checkbox"/>
Allowance of medical equipment in the testing room:	<input type="checkbox"/>

*Test Accommodations*

Separate room:	<input type="checkbox"/>
Other (please describe below):	

**Rationale supporting request:**

Please describe how your disability affects your ability to take the PTE Academic, and explain why you need each of the requested accommodations:

**Declaration:**

I certify that the information provided on this form is true, accurate and complete to the best of my knowledge. I understand that a request for testing accommodations which are not genuinely required will be treated as misconduct and that Pearson may prevent me from testing, place my scores on hold or revoke my scores.

**Signature of applicant:**

**Print name:**

**Date:**

**For Office Use Only**

Received	
Cl. Notified	
Decision	

Return this form by post or fax to the accommodations team in your region. For contact details refer to [www.pearsonpte.com/testme](http://www.pearsonpte.com/testme)