

## Accommodations request form

Any accommodation requests (including special requirements or access arrangements) must be approved prior to booking a test. Not all test centers are able to offer the same access arrangements, so requests in advance help us plan or redirect you to the closest available suitable center.

To apply for testing accommodations, please follow instructions below:

1. Complete this form and return it via email to [PLTSupport@pearson.com](mailto:PLTSupport@pearson.com)
2. Provide any applicable documentation. Where your accommodation request is related to a medical reason, the documentation should include current (dated within the last 2 years) confirmation of your circumstances from a qualified medical professional verifying the impact of your medical condition or reason would have on your ability to undertake and perform on PTE Academic. We may accept non-current documentation where appropriate.

Your request will be assessed and you will be notified of the outcome within four to six weeks of your request being received.

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

Pearson complies with all applicable equalities and equal access legislation, and will make every reasonable effort to accommodate any request, but this may not be possible in every circumstance. Pearson reserves the right to turn down any request for an accommodation which is unreasonable, would impose a disproportionate burden on Pearson and/or other test takers, or would infringe upon test validity or security.

**Personal information (all fields are compulsory)**

Name:	
PTE ID:	
Date of birth:	
Email:	
Telephone number:	

**Reason for Accommodation Request**

Please tick/check all that apply:

**Additional Information**

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

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"/>	

If your request related to a medical condition, when was it 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		Test Accommodations
Adjustable chair:		Separate room: <input type="checkbox"/>
Adjustable workstation:		Other (please describe below):     
Wheelchair access:		
Switching the computer mouse from right- hand to left-hand operation:		
Adjustments to the brightness or contrast of the computer screen:		
Allowance of medical equipment in the testing room:		

### Rationale supporting request:

*Please describe how your condition 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:** \_\_\_\_\_

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*For office use only*

<i>Received</i>	
<i>Cl. Notified</i>	
<i>Decision</i>	

Return this form to:  <a href="mailto:PL.TSupport@pearson.com">PL.TSupport@pearson.com</a>
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