Institutional Verification of Documentation

(Must be printed on official institution letterhead)

Mail to:

Michigan Test for Teacher Certification
Evaluation Systems
Pearson
P.O. Box 660
Amherst, MA 01004-9001

Fax: (413) 256-7075

This form may be completed and submitted by an institutional representative to fulfill documentation requirements for examinees requesting the specific alternative testing arrangements indicated in section 8 of this form. This form will not be accepted as supporting documentation for any alternative testing arrangement not listed in section 8 of this form.

This form must be completed in its entirety, signed by an authorized professional from the Office of Disability Services at the examinee's college or university, and printed on official institution letterhead. Forms that do not meet these requirements will not be processed.

Examinee Information *(as indicated by the examinee at the time of registration and as appears on the Alternative Testing Arrangements Request Form completed by the examinee):*

1. **Examinee Name**

Last | First | Middle Initial

2. **Customer Number** (found in examinee's account at www.mttc.nesinc.com)

Authorized Institutional Representative Information

3. **Name (print)** _____

4. **Title** _____

5. **Institution**

6. **Telephone Number**

Area Code

7. **Email Address** _____

8. Alternative Testing Arrangements

Indicate which of the following accommodations are supported by the documentation on file at your institution and provided by your institution for the above-named examinee. If the examinee is requesting an accommodation not listed below, documentation must be submitted directly to Evaluation Systems.

- ☐ 50% Extra time (time and one half)
- ☐ Large print (for paper-based testing)
- ☐ Sign language interpreter (for oral directions)
- ☐ Oral interpreter (for oral directions)
- ☐ Braille test format

Documentation

Please provide the following information contained in the most recent documentation on file for the examinee named in section 1 of this form.

9. Name and credentials of diagnosing professional

(must be a different individual than is named in section 3 of this form)

10. Diagnosed disability or disabilities:

11. Date of the evaluation:

12. Certification

By initialing each statement below, I certify that:

- The documentation on file for this examinee meets all requirements described in "Required Documentation" on the program website. _____ Initials
- The documentation on file for this examinee is current, according to the "Documentation Currency Policy" on the program website. _____ Initials
- The applicant is requesting **only** accommodations that are listed in section 8 of this form. _____ Initials

13. I certify that I am the person whose name appears on this form. I have printed this form on official institution letterhead. I have reviewed the "Registering for Alternative Testing Arrangements" section of the current program website and certify that the documentation supporting the examinee's request for accommodations referenced on this form meets the criteria described therein and is on file with the institution named on this form. I agree to produce a copy of the documentation referenced on this form for Evaluation Systems upon request as part of program monitoring and review, which may include routine audits. Evaluation Systems reserves the right to suspend the Institutional Verification of Documentation option for an institution found to be in noncompliance with associated requirements as a result of such an audit. I understand that the examinee authorizes the release of this information by submitting a completed Alternative Testing Arrangements Request Form.

Signature _____ Date _____