

Non-standard Test Accommodations Request Form English Teaching Competency Test (ETECT)

Candidate's Information

Last name:			Email:			
First name:		Telephone:				
Date of Birth:			Mobile:			
Test (please check): ETECT						
l attach	Yes	No				
1. Completed examination application form						
2. Bank receipt						
3. Appropriate medical documentation						
You do not need to submit medical evidence again if:						
1. You have taken the ETECT	within the	e last three years under non-standa	ard accommo	dations AND		
2. The state of your health has not changed since the date on which the most recent medical evidence was provided.						
If you fall into this category, please sp		cify the test and date of administration		Test:		
				Month, Year:		
Type of Disability (choose the or	ne that be	est describes vour case)				
Visual impairment		Hearing impairment		Stutter		
Blindness		Deafness		Diabetes		
Motor impairment		Epilepsy		Autism / Asperger		
				syndrome		
Temporary disability (arm		Psychological & Learning Disabilities		Other (please specify)		
fracture, etc)		(dyslexia, dysgraphia, etc)				
Type of Nonstandard Accommodation Requested: (Please check as appropriate)						
Extra Testing Time		Scribe		U Wheeld	Wheelchair Access	
Supervised Extra Breaks		Headphones			Block Answer Sheet	
Reader		Alternate Test Format		Other (please specify)	
The information I have provide	d is accura	rate to the best of my knowledge				
The information I have provided is accurate to the best of my knowledge. I understand that the HAU Center for Examinations and Certifications:						
 will, if necessary, contact medical professionals to clarify the documentation concerning my disability. 						
 has no obligation to adopt recommendations made by professionals but these will be taken into consideration when 						
the non-standard accommodations will be decided						
 reserves the right to cancel my test scores if it is subsequently determined that documentation provided for 						
nonstandard testing accommodation is questionable, inaccurate, or inappropriately used to gain accommodations						
not needed.						
Candidate's Signature:			Date:			

Signed Original submitted to the Center for Examinations and Certifications. Please make and retain a copy of this form.

Data Protection

The Hellenic American Union collects and uses personal information in order to communicate with the members of its public, to provide educational and cultural programs and services, and to improve the quality of services that it offers. The information we have requested in this form will be maintained in digital and/or physical form and used only for the purposes described above. You have the right to reasonable access to the personal information we have on you, to request a copy of this information, and to correct it if inaccurate. To find out more, contact the Hellenic American Union at privacy@hau.gr.

For Office Use Only

Date received:	Documentation complete: Yes 🗆 No 🗆
If no, documents needed:	
Student/ Parent contacted by:	Date contacted:



The Hellenic American Union Center for Examinations and Certifications applies a Management System in accordance with the ISO 9001: 2008 standard for the following scopes: "Planning, organization, and administration of examinations" and "Provision of support services to candidates, foreign-language schools, and teachers".

Hellenic American Union | Center for Examinations and Certifications Massalias 22, 10680 Athens | T: 210 3680000 | F: 210 3634200 Fragon 14, 54626 Thessaloniki | T: 2310 557600 | F: 2310 553925 Web: www.hau.gr/exams | E-mail: exams@hau.gr