(Please print on clinic letterhead)

(Date)

(Doctor’s name)

(Doctor’s address)

RE: (name of patient)

DOB: (patient’s)

To the GED® Testing Service Accommodations Team,

I am writing to provide the supporting documentation needed for (patient name) to request and receive accommodations for the GED® tests. (patient name) was admitted as my patient on (date). Following diagnostic procedures and assessments, (patient name) was diagnosed with (specify diagnosis or diagnoses and DSM-5 code). (Patient name) has had symptoms of (specify diagnosis or diagnoses) since the age of \_\_\_, and these symptoms are not due to other psychological problems.

The following aspects of this disorder require that (patient name) receive accommodations on standardized tests:

(List of disorder characteristics)

(patient name)’s resulting disability should be appropriately and effectively accommodated during any standardized testing procedure by administering the following accommodations:

Private room (give brief rationale re: the need for this accommodation)

Extra time (specify 1.25 time, 1.5 time, or double time, and give brief rationale re: the need for this accommodation)

Frequent, supervised breaks (specify 5 min. every 30 min., or 10 min. every 45 min., and give brief rationale re: the need for this accommodation)

(If additional accommodations are necessary, please list with a brief rationale re: the need for this accommodation)

This letter should provide the documentation needed for (patient name) to secure the accommodations needed to accurately demonstrate (his/her) abilities on the GED® tests.

Sincerely,

Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature and date)