(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 physical diagnosis or diagnoses). (Patient name) has had symptoms of (specify physical diagnosis or diagnoses) since (date) and these symptoms are not due to any psychological problems.

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

(List of disability characteristics)

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

 List accommodations needed, each followed by a brief rationale for the 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)