受験番号 Examinee Registration Number					_		
※実施機関が記入 Filled in by the host Institution	17B				_		

JLPT 2017 (December) Request Form for Special Testing Accommodations

1. Application date			2017 /		/	(yy/mm/dd)			
	Name in capital letters	Roman							
	Date of birth		/		/	(yy/mm/dd)			
2. Applicant	Test Level		N	Gender	Male ·	Female			
	Test Site								
	Institution who studying Japane								
*If a representative	e is applying on b	ehalf of the a	pplicant, please al	so fill in the b	oxes below.				
	Name								
3. Representative	Affiliation								
	Relationship wi	th applicant							
1. Explanation of type and extent of disability									
(1) Type of disa	bility (check 🗸	appropriate	box)						
A. Visual disabil	ity		visual disability/B sion/partial sight	raille user					
B. Hearing disal	oility	☐ Deaf		Hard of he	aring				
C. Physical disal	bility	Upper l	imbs	Lower limb	os 🗆 O	ther			
D. Developmenta		□ LD		ADHD					
(LD/ADHD,	etc.)	☐ Other	()			
E. Other Disabil	lities	()			
(2) If there is any please provide a	_	=	-	-	ike us to pay partic	cular attention,			

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Please check ✓ the appropriate boxes below.
A. Visual disability
A-1 Severe visual disability / Braille user
☐ Use Braille test papers and answer sheets
(*Test papers and answer sheets are available in Japanese Braille only.) Use of personal Braille writing equipment (Examinees must bring their own equipment.)
Separate room and extended test time (See Attachment)
·
→ (Please choose one.)
□ *Test instructions in Japanese Braille
□ *Test instructions in English Braille
A-2 Low vision/ Partial sight
You may choose more than one.
☐ Bring and use own magnifying glass
☐ Bring and use own reading lamp
☐ Use of enlarged test papers (enlarged by 41%, from A4 to A3 size)
☐ Separate room and extended test time (See Attachment)
☐ Transcription of answers onto answer sheets
The examinee will write answers directly on the test booklets, and the staff at the host institution will copy the answers onto the answer sheet after the examination has ended.
B. Hearing Disability
B-1 Deaf
☐ Listening test exemption
*Please submit documentation (medical certificate from a doctor, audiogram (copies are fine for either)) indicating decibel (dB) hearing level. In principle, levels of 60dB and over are eligible for exemption.
B-2 Hard of hearing
Please select one of the following. Extended test time is not an option.
☐ Seat near the speakers
☐ Use headphones in separate room
☐ Listening test exemption
*Please submit documentation (medical certificate from a doctor, audiogram (copies are fine for either)) indicating decibel (dB) hearing level. In principle, levels of 60dB and over are eligible for exemption.
(Please check if necessary.)
☐ Use own hearing aids and cochlear implant equipment

2. Request for Special Testing Accommodations for the December 2017 JLPT

C. Physical (Mobility) Disabilities
Please indicate the testing accommodations requested. You may choose more than one.
C-1 Lower limb disabilities
☐ Bring and use own wheelchair
☐ Separate room
C-2 Upper limb and other disabilities
☐ Separate room and extended test time (Each section: 30% additional testing time (x1.3) (See Attachment))
☐ Use of enlarged test papers (enlarged by 41%, from A4 to A3 size)
☐ Bring and use own wheelchair
☐ Transcription of answers onto answer sheets
The examinee will write answers directly on the test booklets, and the staff at the host institution will copy the answers onto the answer sheet after the examination has ended.
☐ An assistant to turn the pages
D. Developmental Disabilities (LD/ADHD/Others) Please indicate the testing accommodations requested. You may choose more than one.
☐ Separate room and extended test time (Please select according to the extent of disability.)
\rightarrow Request extension of test time by $\Box 30\%$ (1.3x), $\Box 50\%$ (1.5x), $\Box 100\%$ (2.0x)
*Reference for choosing time extension: Mild to moderate disability, $30\%(1.3x)$ extension; moderate to severe, $50\%(1.5x)$; severe to profound $100\%(2.0x)$
(The extension time allowed differs depending on the extent of disability. For each section: Maximum 1.3x/1.5x/2.0x. See Attachment.) *For requests of 50%(1.5x) or 100%(2.0x) time extensions, a medical certificate from a doctor must be submitted.
☐ Use of enlarged test papers (enlarged by 41%, from A4 to A3 size)
☐ Transcription of answers onto answer sheets
The examinee will write answers directly on the test booklets, and the staff at the host institution will copy the answers onto the answer sheet after the examination has ended.
E. Request for Other Accommodations
Please provide precise details. If there is anything else you would like us to take into consideration, please note it here. If necessary, please write on a separate sheet.

3. Details of the special accommodations made for the applicant during previous examinations including the LPT, entrance examinations and scheduled examinations for schools or other academic institutions, or examinations for miscellaneous qualifications. Please write the name of the examination/test on the left side and the details of the special accommodations on the right side. If necessary, pleases write on a separate sheet of paper.

Details of special testing accommodations made						
 ☐ Use of Braille test papers and answer sheets ☐ Enlarged test papers 						
☐ Time extension ☐ Transcription of answers onto answer sheets						
☐ Use of personal equipment						
☐ Listening test exemption ☐ Separate room						
Other ()						

4. Documents to be attached

- 1) 2017 JLPT Application Form
- * If you chose to register for the test ONLINE, you must send a copy of your registration confirmation email.
- 2) If applicants are applying for special testing accommodations for the first time, or for special testing accommodations that differ from those implemented when they previously took the JLPT, please also attach the following documents:
 - a. An explanation of your disability that is written by a teacher at your current or former educational institution, or by a certified specialist such as a medical doctor or caseworker. The explanation may be in any format, but it should include a confirmation of the accuracy of the information on the request form regarding the type and extent of your disability, and an explanation of why the requested special accommodations are necessary.
 - b. A document that includes an audiogram, etc., if you are applying for special accommodations for a hearing disability.
 - c. The Committee for Special Testing Accommodations (CSTA) might request applicants to submit medical documents from a doctor. (In principle, applicants with mental disorders should provide a diagnosis based on DSM or ICD standards.)

Please return this application form with accompanying documents to:

AATJ-JLPT

American Association of Teachers of Japanese 1424 Broadway, Campus Box 366, University of Colorado Boulder, CO 80309-0366

The Japanese-Language Proficiency Test - Special Testing Accommodations for People with Disabilities Comparative Table of Extended Test Time

Type of Disability		Test Level / Section			-	l Testing Accommodations		
					min.	Rate		
		N1	Language Knowledge & Reading	110	180	Answer speed x2.25		
		INI	Listening	60	60	No extension		
		N2	Language Knowledge & Reading	105	180	Answer speed x2.25		
		IVZ	Listening	50	50	No extension		
			Language Knowledge (Vocabulary)	30	40	Vocabulary answer time x1.8		
	Severe visual	N3	Language Knowledge (Grammar) & Reading	70	140	Answer speed x2.5		
	disability		Listening	40	40	No extension		
	(Braille user)		Language Knowledge (Vocabulary)	30	40	Vocabulary answer time x1.8		
		N4	Language Knowledge (Grammar) & Reading	60	120	Answer speed x2.25		
			Listening	35	35	No extension		
			Language Knowledge (Vocabulary)	25	30	Vocabulary answer time x1.8		
		N5	Language Knowledge (Grammar) & Reading	50	100	Answer speed x2.25		
Visual Disability			Listening	30	30	No extension		
Visual Disability		N1	Language Knowledge & Reading	110	165	x1.5		
		111	Listening	60	80	x1.3		
		N2	Language Knowledge & Reading	105	160	x1.5		
		INZ	Listening	50	65	x1.3		
			Language Knowledge (Vocabulary)	30	40	x1.3		
	Low vision	N3	Language Knowledge (Grammar) & Reading	70	105	x1.5		
			Listening	40	55	x1.3		
	(Partial sight)		Language Knowledge (Vocabulary)	30	40	x1.3		
			Language Knowledge (Grammar) & Reading	60	90	x1.5		
			Listening	35	50	x1.3		
		N5	Language Knowledge (Vocabulary)	25	35	x1.3		
			Language Knowledge (Grammar) & Reading	50	75	x1.5		
			Listening	30	40	x1.3		
		N1	Language Knowledge & Reading Listening	110 60	145 80	х1.3		
			Language Knowledge & Reading	105	140			
		N2	Listening	50	65	x1.3		
			Language Knowledge (Vocabulary)	30	40			
		N3	Language Knowledge (Grammar) & Reading	70	95	x1.3		
Physical (Mobilit	v) Disabilities		Listening	40	55			
, (,		Language Knowledge (Vocabulary)	30	40			
		N4	Language Knowledge (Grammar) & Reading	60	80	x1.3		
			Listening	35	50			
			Language Knowledge (Vocabulary)	25	35			
		N5	Language Knowledge (Grammar) & Reading	50	65	x1.3		
			Listening	30	40			
(LDADHD Developmental Disabilities		N1	Language Knowledge & Reading	110	145/165	x1.3 / x1.5		
			Listening Language Knowledge & Reading	60 105	80/90 140/160			
		N2	Listening	50	65/75	x1.3 / x1.5		
		N3	Language Knowledge (Vocabulary)	30	40 / 45			
			Language Knowledge (Grammar) & Reading	70	90/105	x1.3 / x1.5		
			Listening	40	55/60			
(LDADHD, others		N4	Language Knowledge (Vocabulary)	30	40 / 45			
, =::=::=; ourier	-,		Language Knowledge (Grammar) & Reading	60	80/90	x1.3 / x1.5		
			Listening	35	50/55			
			Language Knowledge (Vocabulary)	y) 25 35 /				
		N5	Language Knowledge (Grammar) & Reading	50	65/75	x1.3 / x1.5		
		1	Listening	30	40/45			

Hearing Disability: Generally, no measures for time extension as before. Physical (Mobility) Disabilities: Generally, 1.3x time extension rte. for each section as before.