



# Administering the GED Official Practice Test

2009-10

# *In this workshop you will:*

1. Learn why we administer the OPT
2. Learn about testing accommodations
3. Learn how to administer the OPT
4. Learn how to score the OPT
5. Learn how to register for the GED Tests

# *WHY the OPT?*

- **Same specifications as the full-length GED Tests**
- **Reviewed and pre-tested with a norming group at the same time as the full-length GED Tests**
- **Based on the same standard scale score as the GED Tests.**

## Why do we administer the OPT?

- To determine a student's readiness to take the GED
- To provide students with practice taking the test in conditions similar to the GED
- To reduce student anxiety by increasing familiarity with the types of questions found on the GED

# Things OPTish

## OPT Test Forms:

- 7 half-length forms, PA – PG in the written version
- 7 forms, PA-PG in the PC version
- 1 full-length form
- Keep testing materials in a secure environment  
– a locked office or file cabinet



## *OPT Scuttlebutt*

- **KYAE discourages use of the PA form**
- **Use only as a retest after other forms have been exhausted**
- **PA form is the only form available in large print, Braille, Spanish, French or audiocassette**

# Testing Terminology

Terminology	Preferred/ Correct	Not Preferred/ Incorrect	Research ONLY
“GED”	GED credential * GED Diploma * GED Certificate	a GED	
“test-taker”	Test-taker	Candidate	Examinee, Candidate, Completer, Passer
	GED credential recipient	Graduate Credential holder	
“www.GEDtest.org”	www.GEDtest.org	www.gedtest.org www.GEDtests.org	
“GED Tests”	GED Tests, the tests	GED tests, the Tests	
“GED Test battery”	GED Test battery, the test battery	GED test Battery, the Tests battery	

# Overview of the Request Process

## **GED Candidate (and Advocate)**

- Identify Disability(s)
- Provide documentation from licensed diagnostician



## **GED Examiner**

- Inform about Availability of Accommodations
- Provide forms to Candidates and Advocates
  
- Submit requests to state office
- Provide Testing Accommodations



## **State Administrator**

- Approve Requests or send to GEDTS for review



## **GED Testing Service**

- Clinical Review of Requests
- Conduct Appeal Process

# GED Accommodations



# Accommodations & Adaptations

## ➤ Accommodations Require Approval

- Extended time
- Audiocassette
- Calculator for Part 2
- Private Room
- Supervised Breaks
- Braille
- Scribe

## ➤ Adaptations DO NOT Require Approval

- Filters/Overlays
- Ear plugs
- Squeeze ball
- Typo scope
- Visor
- Magnifier
- Large print test

# Forms

**Request for Testing Accommodations**  
Physical/Chronic Health Disability  
6369

*To be completed by Chief Examiner*  
Candidate's Last 4 SSN/SIN

**Section 1: To be completed by GED Candidate**

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security or Social Insurance Number: \_\_\_\_\_ Birth Date: / / Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Release of information:** If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature \_\_\_\_\_ Parent or Guardian's Signature (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: To be completed by GED Chief Examiner**

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

Chief Examiner Name: \_\_\_\_\_ 10-Digit Center ID #: \_\_\_\_\_  
Center Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

I have reviewed this application and confirm that it is complete.

*GED Chief Examiner's Signature* \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: To be completed by Professional Diagnostician or Advocate**

This section must be completed by the professional diagnostician. Alternatively, an advocate may complete this section using information from the professional diagnostician's report if the professional is unavailable or documentation is currently on file with a candidate's school district. An advocate is someone other than the request testing accommodations. The professional's report and assessment tests must include a clear diagnosis and provide information on current functional limitations that might affect the candidate's ability to take the tests under standard conditions, so that the rationale for the requested accommodation can be properly evaluated. Documentation will be reviewed as sufficiently current if it has been completed within the last 5 years. However, older documentation will be considered if that is all that the candidate can provide without undue burden or expense.

**Please indicate your role:**  Professional Diagnostician  Advocate

Name of Professional Making Diagnosis (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Date of Assessment: / /  
License or Certification: Expiration Date: / /  
State/Province/Territory: \_\_\_\_\_ Number: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Name of Advocate (please print): \_\_\_\_\_  
Relationship to Candidate (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Professional Making Diagnosis or Advocate's Signature:** \_\_\_\_\_  
Date: / /

FCH - page 1 of 3

**Request for Testing Accommodations**  
Attention-Deficit/Hyperactivity Disorder  
5297

*To be completed by Chief Examiner*  
Candidate's Last 4 SSN/SIN

**Section 1: To be completed by GED Candidate**

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security or Social Insurance Number: \_\_\_\_\_ Birth Date: / / Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Release of information:** If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature \_\_\_\_\_ Parent or Guardian's Signature (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: To be completed by GED Chief Examiner**

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Center Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

I have reviewed this application and confirm that it is complete.

*GED Chief Examiner's Signature* \_\_\_\_\_ Date \_\_\_\_\_

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**Please indicate your role:**  Professional Diagnostician  Advocate

Name of Professional Making Diagnosis (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Date of Assessment: / /  
License or Certification: Expiration Date: / /  
State/Province/Territory: \_\_\_\_\_ Number: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Name of Advocate (please print): \_\_\_\_\_  
Relationship to Candidate (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Professional Making Diagnosis or Advocate's Signature:** \_\_\_\_\_  
Date: / /

ADD/ADHD - page 1 of 4

**Request for Testing Accommodations**  
Emotional/Mental Health  
6369

*To be completed by Chief Examiner*  
Candidate's Last 4 SSN/SIN

**Section 1: To be completed by GED Candidate**

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security or Social Insurance Number: \_\_\_\_\_ Birth Date: / / Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Release of information:** If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature \_\_\_\_\_ Parent or Guardian's Signature (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: To be completed by GED Chief Examiner**

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

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Center Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

I have reviewed this application and confirm that it is complete.

*GED Chief Examiner's Signature* \_\_\_\_\_ Date \_\_\_\_\_

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**Please indicate your role:**  Professional Diagnostician  Advocate

Name of Professional Making Diagnosis (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Date of Assessment: / /  
License or Certification: Expiration Date: / /  
State/Province/Territory: \_\_\_\_\_ Number: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Name of Advocate (please print): \_\_\_\_\_  
Relationship to Candidate (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Professional Making Diagnosis or Advocate's Signature:** \_\_\_\_\_  
Date: / /

EMH - page 1 of 3

**Request for Testing Accommodations**  
Learning and Other Cognitive Disabilities  
8051

*To be completed by Chief Examiner*  
Candidate's Last 4 SSN/SIN

**Section 1: To be completed by GED Candidate**

Fill in this section completely and sign the release of information statement. Make certain all sections are completed by the appropriate professional before you return the form to the Chief Examiner at your local testing center. The Chief Examiner will review the form and let you know if additional information is required.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security or Social Insurance Number: \_\_\_\_\_ Birth Date: / / Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Release of information:** If you are under 18 years of age, your parent or guardian's signature is also required.

I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the GED Testing Service and its designees in connection with my request for testing accommodations.

Candidate's Signature \_\_\_\_\_ Parent or Guardian's Signature (if appropriate) \_\_\_\_\_ Date \_\_\_\_\_

**Section 2: To be completed by GED Chief Examiner**

Please review the form to be certain all sections have been completed. Record the last four digits of the candidate's SSN/SIN in the top right corner of each page of this form. Missing information may delay the review of the candidate's request. Sign and date the form before sending it to your GED Administrator.

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Center Name: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

I have reviewed this application and confirm that it is complete.

*GED Chief Examiner's Signature* \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: To be completed by Professional Diagnostician or Advocate**

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**Please indicate your role:**  Professional Diagnostician  Advocate

Name of Professional Making Diagnosis (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Date of Assessment: / /  
Highest Degree and Area of Specialization: \_\_\_\_\_  
License Number: \_\_\_\_\_ Expiration: / /  
State/Province/Territory: \_\_\_\_\_  
Name of Advocate (please print): \_\_\_\_\_  
Relationship to Candidate (please print): \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

**Professional Making Diagnosis or Advocate's Signature:** \_\_\_\_\_  
Date: / /

LD - page 1 of 5

# *All Forms*

**Section 1—Test-Taker**

**Section 2—Examiner**

**Section 3—Diagnostician**

**Section 4—State  
Administrator**

# Documentation of Disability

## ➤ **Physical Chronic Health Disability**

Section 3 requires the diagnostician's name, licensure number, and licensure expiration date.

Section 3A requires a letter on official letterhead stating the diagnosis and the functional limitations.

## ➤ **Emotional/Mental Health Disability**

➤ **Same as above**

## ➤ **Attention-Deficit /Hyperactivity**

➤ **Same as above**

## ➤ **Learning/Cognitive Disability**

➤ This requires IQ and achievement test scores

➤ The requested accommodation must fit the disability.

# Check for Completeness



- Test-taker's signature
- Diagnostician's licensure information
- Required documentation
  - For physical, mental, ADHD
    - Letter on letterhead
  - For learning disability
    - IQ and achievement test scores
- Official Practice Test scores

# Disabilities and the Law

➤ **Rehab Act Section 504, 1973**

*prohibits discrimination if the program or agency receives federal funds*

➤ **ADA, 1990**

*prohibits discrimination in employment, or public services on the basis of a disability*

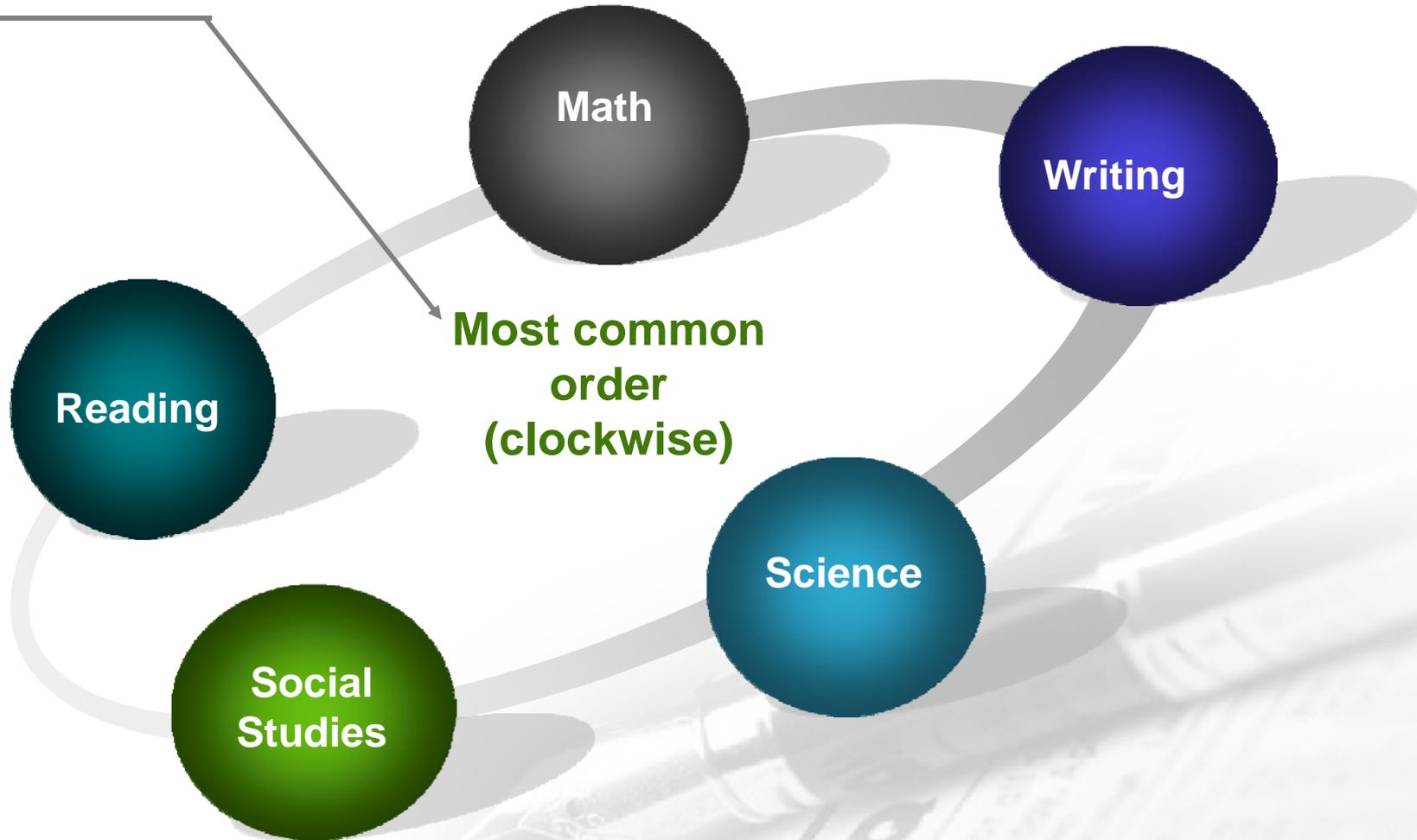
➤ **IDEA, 1997**

*guarantees special education services for children with disabilities*



# *In what order should the 5 sections be given?*

The order depends on the local examiner.



# *What should you have available for each examinee?*

- **Test Booklets**

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- **Answer Sheets**

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- **Pens**

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- **Correction Pens**

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- **Scratch Paper**

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(graph paper may be used for math;  
white paper for the essay)

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- **Calculator**

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- **Timer**

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# ***Administering the Math Test, Part I***

## **1. Distribute:**

- the booklet for Math I
- scratch paper
- Casio *fx-260* Solar Scientific calculator

## **2. Read the directions :**

- General information
- The calculator directions page and the alternate format grid explanation (videos shown previously)
- The Mathematics Formulas page (explain that they may refer to it at any time during the test)

## *Administering the Math Test, Part I*

**3. At the end of Math I, collect the calculators and scratch paper from any test-takers that have not already begun Math II.**

**If test-takers finish Math I before the time has elapsed, they may receive the booklet for Math II, but the calculator and scratch paper must be collected and new scratch paper provided.**

## *Administering the Math Test, Part II*

- 1. Distribute the Math II booklet and new scratch paper to those test-takers.**
- 2. All test-takers keep both Math booklets for the remainder of the test.**
- 3. Test-takers may go back and work on Part I (no calculator) if they have time remaining at the end of Math II.**
- 4. At the end of the allowed time, collect scratch paper and booklets.**

# ***Administering the Language Arts, Writing Test***

- 1. Distribute the Language Arts, Writing Practice Test.**
- 2. Distribute pens and scratch paper.**
- 3. Go over the directions for Part I (multiple choice).**
- 4. Next, direct candidates to the essay topic located in the back of the test booklet. Candidates must read the essay topic before the test begins.**
- 5. Have the students write the letter of the essay topic in the box at the top of the appropriate page of their answer sheet and bubble in the corresponding circle.**

# Administering the Language Arts, Writing Test

- Part I must be administered first. If test-takers complete Part I before time has elapsed, they may go on to the essay portion of the test. Test-takers must have 45 minutes to write on their essay topic.
- Once they have completed the essay, test-takers may return to Part I if time allows. The essay must be written using ink on the two lined pages in their booklet. Scratch paper is provided for pre-writing.
- At the end of the prescribed time, collect all Language Arts, Writing Test booklets and scratch paper.

# ***Science, Social Studies and Reading***

- 1. Distribute the Practice Test Section.**
- 2. Distribute scratch paper.**
- 3. Science, Social Studies and Reading directions are the same and need be read only once.**
- 4. At the end of the time, collect all the booklets and scratch paper.**

**All OPT tests must be timed. Either set a timer, or if using a clock, write the start and end times on the board. Inform the test-takers that a 5 minute warning will be announced.**

# General Reminders

- **Test-takers should NOT mark in the test booklet at any time.**
- **When everyone is ready, announce “Open your booklets. You may begin.”**
- **Circulate among the test-takers, checking to see that each test-taker is recording answers correctly.**
- **When time has expired, announce “Time. Please close your booklets.”**
- **If test-takers finish before time is called, they should close their booklet and sit quietly until everyone has finished or the time is expired.**

# *Silver lining--PC version*

- **Immediate test results—test-takers can have the option to print out their test results immediately after finishing the test.**
- **Site license with unlimited uses**
- **Diagnostic/Prescriptive to guide instruction**
  - **Can scan/enter written test to get diagnostic**

# *Snags, etc.*

- **The written OPT permits test-takers to return to Math 1 if they have extra time after finishing Math 2. The PC version doesn't.**
- **The written OPT permits test-takers to return to multiple-choice questions on the Language Arts, Writing test after finishing the essay if time remains. The PC version doesn't.**
- **Examiners can select “double time” but not time and a half for test-takers with accommodations.**

# *Scoring the Essay*

## **What is holistic scoring?**

**Single score awarded for the overall quality of an essay based on an integrated set of specified criteria:**

- **Organization**
- **Mechanics**
- **Usage**
- **Development of Ideas**

# Scoring the Essay Exercise

**Topic F:** If you could make one positive change in your daily life, what would that change be? In your essay, identify the change you would make or explain the reasons for your choice. Use your personal observations, experience and knowledge to support your essay.

**Topic C:** What is one important goal you would like to achieve in the next few years? In your essay, identify that one goal and explain how you plan to achieve it. Use your personal observations, experience and knowledge to support your essay.

# *The Bottom Line*

## Scores needed to pass the OPT

**A minimum score of 410 on each sub-test  
and an average of 450**

- **One or more sub-tests may be retaken to attain the overall 450 average (2250 total points)**
- **OPT and GED have same score requirements**

# Scoring Exercise

	<u>Science</u>	<u>Soc. St.</u>	<u>Reading</u>	<u>Math</u>	<u>Writing</u>	<u>Total</u>	<u>Average</u>
<b>Marsha</b>	16 420	12 400	17 500	16 440	I -20 II - 2.5 500	2260	452
<b>Jan</b>	20 470	13 410	14 420	12 410	16 2 420	2130	426
<b>Cindy</b>	22 520	20 530	18 560	19 480	17 1		

# *Steck-Vaughn Correlations*

**To access a full listing of Steck Vaughn materials correlated to each question on any of the OPT forms, go to**

**<http://steckvaughnadult.hmhco.com/en/steckvaughnadult.htm>**

**Click on Correlations**

**Click on OPT**

**Click on 1**

**Scroll to the OPT form, content area and item #**

1

- Personal e-mail address
- Complete account page

2

- Receive link to personal page
- Complete online demographic

3

- Access scores online within 3 days
- Print eTranscript

# Trouble Shooting GED 123

Did not  
receive  
e-mail

ID Number  
already in use

Invalid  
account

No internet  
access

Oops!

# Out-of-state Scores

## From Another State

Transcript  
from other  
State

KY Eligibility  
GED 123

## KY Scores to Another State

Request  
from Rae  
Smith

Release  
from Test-  
taker

## *Who provides the OPT resources?*

- 1. Steck-Vaughn, Harcourt Achieve  
Dee Camp, consultant  
6414 Woodhaven Ct.  
Avon, IN 46123  
Phone: 317-514-6515  
Fax: 317-838-7359  
[dcamp@indy.rr.com](mailto:dcamp@indy.rr.com)**
- 2. GED Testing Service Web site provides information for the test taker including sample questions. [www.GEDtest.org](http://www.GEDtest.org)**
- 3. GED Information for Educators on the KYAE Web site, [KYAE.ky.gov](http://KYAE.ky.gov)**

# Test your OPT savvy

1. Before taking the OPT, students should have seen the two videos.  
[http://www.acenet.edu/Content/NavigationMenu/ged/test/prep/GED\\_Prepare\\_Online.htm](http://www.acenet.edu/Content/NavigationMenu/ged/test/prep/GED_Prepare_Online.htm)
2. At the end of the Math I test, the proctor takes up the scratch paper and the calculators.
3. Students may return to part 1 if time allows after they complete Math 2; however, they may not use a calculator.
4. (Writing test) when 45 minutes are left, the student must begin the essay.
5. If time allows, students may return to the (writing) multiple choice section when they finish their essay.
6. Students should use a pen on all sections of the OPT.
7. Sample questions and explanations can be found in the Examiner's manual and in the OPT PC Binder.

# Contact Information

**Rae Smith**  
**Kentucky Adult Education**  
**Council on Postsecondary Education**  
**1024 Capital Center Drive, Suite 250**  
**Frankfort, KY 40601**  
**502-573-5114, Ext 120**  
**800-928-7323 Ext. 120**  
**[Rae.Smith@ky.gov](mailto:Rae.Smith@ky.gov)**

**Gayle Box**  
**502-573-5114, Ext. 353**  
**[Gayle.Box@ky.gov](mailto:Gayle.Box@ky.gov)**

*Congratulations!*

