



**ARCHDIOCESE OF CINCINNATI
HIGH SCHOOL PLACEMENT TEST ACCOMMODATION FORM**

Full legal name of Student: _____

Current School: _____

High School Testing Site: _____

I am including a copy of the student's current:

ISP/IEP Testing Accommodations ELL Testing Accommodations 504/School Accommodation Plan

Per this plan, the student qualifies for the following accommodation/s:

Extended Testing Time

Read Aloud

Use of translation dictionary

Scribe

Other _____

All high schools are required to provide extended time and read aloud testing accommodations. Other accommodations may not be available at all testing locations.

By completing this form, I verify the student identified above has a current Individual Education Plan (IEP), Individual Service Plan (ISP), 504, current School Accommodation Plan, or is an English Language Learner and qualifies for testing accommodations.

Signature of Principal: _____

The elementary school principal must complete and send this letter to the HSPT testing coordinator at the specific high school where the student is testing two weeks prior to the test administration date. Supporting documentation must be attached as indicated by RWB Policy 1004.02.