



St. Tammany Parish Public School's State Placement Test Application

Student Information

Last Name: _____ First Name: _____
Social Security Number: _____ Date of Birth : _____
Gender: _____ Race: _____
Current Grade: _____

Check One:

<input type="checkbox"/>	Student qualifies for accommodations
<input type="checkbox"/>	Student does not qualify for accommodations

A copy of the student's current IEP, IAP, or EL Checklist must be provided for the student to receive the accommodations.

Current School : _____
Public School Enrolling: _____

Parent Information

Last Name: _____ First Name: _____
Mailing Address: _____
City: _____ Zip Code: _____
Phone Number : _____
Parent email: _____
Email will be sent to confirm registration.

Email Application to:
Karen.Kety@stpsb.org

Testing will begin June.

Once the application has been processed, a phone call will be made beginning in April, to assign the actual test dates.

This is a two-day assessment.