HSPT PARENT AUTHORIZATION FORM

Parents: Please complete the first page of this document and return both pages to your child's school.
Please submit this form to your child's school by November 1.

To: _____
ELEMENTARY/MIDDLE SCHOOL NAME

I, _____, am the parent of _____.
PARENT NAME STUDENT NAME

My child will be taking the High School Placement Test (HSPT) and I am requesting that my child be provided an accommodation for a pre-existing disability that qualifies for accommodation.

Pre-existing disability: _____

Accommodation(s) requested: _____

I hereby AUTHORIZE: _____
ELEMENTARY/MIDDLE SCHOOL NAME

to provide information to: _____
HIGH SCHOOL PLACEMENT TEST TESTING CENTER

to verify my child's eligibility for accommodation for the HSPT based on my child's disability and

release _____ from any liability for providing this information.
ELEMENTARY/MIDDLE SCHOOL NAME

STUDENT NAME: _____

PRINT PARENT NAME: _____

Signed: PARENT NAME:_____

DATE: _____

VERIFICATION OF ELIGIBILITY FOR HIGH SCHOOL PLACEMENT TEST (HSPT)
IEP/ACCOMMODATION FORM

To: Admissions Office

_____
NAME OF HIGH SCHOOL/HSPT TESTING CENTER

_____
ADDRESS

_____
CITY, STATE ZIP CODE

Email address/admissions office:_____

_____has an IEP/accommodation plan on file with this school.
STUDENT NAME

Based on the information in this plan, _____ is eligible for the following
STUDENT NAME

accommodation(s) when taking tests: _____

_____

DATE OF IEP/BUILDING/ACCOMMODATION PLAN: _____

ACCOMMODATION(S): _____

Signed: _____
SCHOOL REPRESENTATIVE

Print Name: _____

Title: _____

Phone #: _____ Email:_____

Please mail or email this form to the high school noted above no later than November 15.

ELEMENTARY/MIDDLE SCHOOL NAME/ADDRESS:

_____

_____

_____