

FLORIDA HOME EDUCATION PROGRAM (District 13/Location 9998)
Winter 2016 FSA and NGSSS EOC Assessments
Registration Form

In order for a Florida Home Education Program (FHEP) student to participate in the Winter 2016 Florida Standards Assessments (FSA) End-of-Course (EOC) Assessments (Algebra 1, Geometry, Algebra 2), and/or NGSSS EOC Assessments (Biology 1, Civics, and US History) administrations, **parents/guardians must register the student to test by completing and submitting this registration form to Miami-Dade County Public Schools, Federal and State Compliance Office, FHEP, 489 East Drive, Miami Springs, Florida, 33166, on or before, Friday, October 28, 2016 for the Winter 2016 EOC Assessments.**

Student's Name	Florida ID. Number	Grade Level

PLEASE INDICATE THE TEST(S) IN WHICH YOUR CHILD WILL PARTICIPATE

ASSESSMENTS/ TESTING WINDOW	END-OF-COURSE (EOC) SUBJECTS/GRADES		
FSA and NGSSS EOC: November 28-December 16	<input type="checkbox"/> Algebra 1 (CBT only) Grades 6-12 Enrolled:	<input type="checkbox"/> Geometry (CBT only) Grades 7-12 Enrolled:	<input type="checkbox"/> Algebra 2 (CBT only) Grades 9-12 Enrolled:
	<input type="checkbox"/> Biology 1 (CBT only) Grades 7-12 Enrolled:	<input type="checkbox"/> Civics (CBT only) Grades 6-8 Enrolled:	<input type="checkbox"/> US History (CBT only) Grades 9-12 Enrolled:

CBT-Computer-Based Testing

Upon approval by the FHEP, students will be assigned to the homeschool site for testing. **PARENTS/GUARDIANS:** Take the approved form to the assigned school by **Friday, November 18** for participation in FSA EOC Assessments (Algebra 1, Geometry, Algebra 2), and/or NGSSS EOC Assessments (Biology 1, Civics, and US History), if registered. **The school assessment coordinator will provide the specific testing date, time, and location for each registered test.**

Parent's Signature

Print Parent's Name

Address

_____ _____
City **Zip**

(_____) _____
Telephone Number

Email Address

FOR FHEP Use Only:

Assigned School Location #: _____ Assigned School Name: _____

FHEP Approval:

REQUEST FOR ACCOMMODATION:

If student requires special format materials (i.e., large print or Braille) or special accommodations to access their education or assessments, please indicate the nature of any accommodations requested for testing below. All requests for accommodations must be accompanied by supporting documentation at the time of registration.

My child uses the following accommodations on a regular basis to access their education and I am requesting such accommodations for the test(s):
District Office Use Only: Supporting Documentation provided: <input type="checkbox"/> Most recent IEP (expiration date: _____) <input type="checkbox"/> Copy of medical or psychological evaluation (date: _____) <input type="checkbox"/> Other (specify) _____ The accommodations requested <input type="checkbox"/> can <input type="checkbox"/> cannot be provided, as follows: _____ _____ _____