

**FLORIDA HOME EDUCATION PROGRAM (District 13/Location 9998)  
 Summer 2017 FSA and NGSSS EOC Assessments  
 Test Registration Form ONLY for students in Grades 9-12th**

In order for a Florida Home Education Program (FHEP) student to participate in the Summer 2017 Florida Standards Assessments (FSA) End-of-Course (EOC) Assessments (Algebra 1, Geometry, Algebra 2), and/or NGSSS EOC Assessments (Biology 1 and US History) administrations, **the parent/guardian 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, June 30, 2017 for the FSA and NGSSS EOC Assessments.**

Student's Name	M-DCPS 7-digit Student ID#	Grade Level

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

<b><u>FSA EOC: July 10- 20, 2017</u></b>	<input type="checkbox"/> Algebra 1 (CBT only) Grades 9-12 Enrolled:	<input type="checkbox"/> Geometry (CBT only) Grades 9-12 Enrolled:	<input type="checkbox"/> Algebra 2 (CBT only) Grades 9-12 Enrolled:
<b><u>NGSSS EOC: July 10-20, 2017</u></b>	<input type="checkbox"/> Biology 1 (CBT only) Grades 9-12 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 an OPEN Summer School site for testing. PARENTS/GUARDIANS: After you have registered to test, contact the test chairperson at the assigned OPEN Summer school site by **Monday, July 10, 2017** for scheduling of the applicable tests: FSA Algebra 1, Geometry, Algebra 2 EOCs, and/or NGSSS Biology 1 and US History EOCs. **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**

**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:  
 Most recent IEP (expiration date: \_\_\_\_\_)  
 Copy of medical or psychological evaluation (date: \_\_\_\_\_)  
 Other (specify) \_\_\_\_\_  
 The accommodations requested  can  cannot be provided, as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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