

**FLORIDA HOME EDUCATION PROGRAM (District 13/Location 9998)
Winter 2017 FSA and NGSSS EOC Assessments
Test Registration Form**

In order for a Florida Home Education Program (FHEP) student to participate in the Winter 2017 Florida Standards Assessments (FSA) Algebra 1, Geometry and NGSSS Biology 1, Civics, and US History End-of-Course (EOC) Assessment 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, Monday, November 6, 2017 for the FSA and NGSSS EOC Assessments.**

Student's Name	FLEID Number	Grade Level

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

FSA EOC: November 27- December 15	<input type="checkbox"/> Algebra 1 (CBT) Grades 6-12 Enrolled:	<input type="checkbox"/> Geometry (CBT) Grades 6-12 Enrolled:	
NGSSS EOC: November 27- December 15	<input type="checkbox"/> Biology 1 (CBT) Grades 7-12 Enrolled:	<input type="checkbox"/> Civics (CBT) Grades 6-8 Enrolled:	<input type="checkbox"/> US History (CBT) Grades 9-12 Enrolled:

CBT-Computer-Based Testing

Upon approval by the FHEP, students will be assigned to their home school for testing. PARENTS/GUARDIANS: After you have registered to test, contact the test chairperson at the assigned school during the week of **November 20th** to schedule testing for the applicable tests. **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: <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: _____	