

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

In order for a Florida Home Education Program (FHEP) student to participate in the Fall 2017 Florida Standards Assessments (FSA) End-of-Course (EOC) Assessments (Algebra 1 and Geometry), 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, August 18, 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:**

TESTING WINDOWS	END-OF-COURSE (EOC) SUBJECTS/GRADES		
<b>FSA EOC:</b> September 11-22	<input type="checkbox"/> Algebra 1 (CBT only) Grades 6-12 Enrolled	<input type="checkbox"/> Geometry (CBT only) Grades 7-12 Enrolled	
<b>NGSSS EOC:</b> September 18-29	<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 their homeschool site for testing. PARENTS/GUARDIANS: After you have registered to test, contact the test chairperson at the assigned school by **Friday, September 1** for scheduling of the applicable tests: FSA EOC (Algebra 1 and Geometry) and 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**

**REQUEST FOR ACCOMMODATION:**

If the 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_