FLORIDA HOME EDUCATION PROGRAM (District 13 / Location 9998)
Spring 2019 Testing Registration Form

In order for a Florida Home Education Program (FHEP) student to participate in the Spring 2019 test administrations, **parents/guardians must submit this form completed to Miami-Dade County Public Schools, Federal and State Compliance Office, FHEP, 489 East Drive, Miami Springs, Florida, 33166, by Friday, February, 22, 2019,** for the FSA ELA (Writing and Reading) and Mathematics, FCAT 2.0 Science, End-Of-Course (FSA and NGSSS) and SAT-10 (Reading and Mathematics) Assessments.

Student's Name (Last Name, Middle, First)	Date of Birth MM/DD/YYYY	FLEID. Number	MDCPS 7 Digit ID#	Grade Level

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

FSA:	**_____English/Language Arts (ELA) (includes Writing and Reading)** *Note: Grade 4-10 students must take both Writing and Reading to get an FSA ELA score.* **Writing Component** Grades 4-6 PBT: April 3 Grades 7-10 CBT: April 1-12	**Reading Component** Grade 3 PBT: April 3-4 Grades 4-6 PBT: May 1-2 Grades 7-10 CBT: May 1-29	**_____Mathematics** Grade 3 – 6 PBT: May 6-7 Grade 7 – 8 CBT: May 1- 29
FCAT 2.0 (PBT Only):	_____Grades 5 Science: May 8-9	_____Grade 8 Science: May 8	
FSA and NGSSS EOC (CBT Only):	**May 1 – 29:** Grades 6-8 Enrolled: **_____Civics** Grades 6-12 Enrolled: **____ Algebra 1 ____Geometry ____Biology 1** Grades 9-12 Enrolled: **_____US History**		
SAT-10 (Grades K-2):	**_____ Reading Comprehension:** April 9	**_____ Mathematics**: April 10	

CBT-Computer-Based Testing; PBT- Paper-Based Testing;

Please refer to the above schedules for the specific dates each test is administered. Upon approval by the FHEP, students will be assigned to a school-site for testing. PARENTS/GUARDIANS must take the approved form to the assigned school by **March 8, 2019** for participation in FSA ELA (Writing and Reading), Mathematics, FCAT 2.0 Science, and SAT-10 (Reading Comprehension and Mathematics); and by **April 12, 2019** for participation in Algebra 1, Geometry, Biology 1, Civics, and US History EOCs, 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: _____

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 attaching the supporting documentation (Individual Education Plan-IEP or Section 504 Plan) at the time of submitting the Testing Registration Form.**

My child uses the following accommodations on a regular basis to access their education and I am requesting such accommodations for the test(s): Please attach supporting documentation.

_____

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: _____

_____

_____