

**FLORIDA HOME EDUCATION PROGRAM (District 13/Location 9998)
Fall 2018 FSA and NGSSS EOC Assessments
Test Registration Form**

In order for a Florida Home Education Program (FHEP) student to participate in the Fall 2018 Florida Standards Assessments (FSA) End-of-Course (EOC) Assessments (Algebra 1, Geometry) and NGSSS EOC Assessments (Biology 1, Civics 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, August 31, 2018 for the Fall 2018 FSA and NGSSS EOC Assessments.**

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

PLEASE INDICATE THE FSA AND/OR NGSSS EOC ASSESSMENT(S) IN WHICH YOUR CHILD WILL PARTICIPATE

September 11-28	____ FSA Algebra 1* Grades 9-12 Enrolled	____ FSA Geometry* Grades 9-12 Enrolled
	____ NGSSS Biology 1* Grades 9-12, Enrolled	____ NGSSS Civics* Grades 6-8, Enrolled

**CBT-Computer-Based Testing Only*

Please refer to the above schedules for the specific dates each test is administered.
Upon approval by the FHEP, students will be assigned to your home school for testing.
PARENTS/GUARDIANS: After you have registered a student to test, contact the test chairperson at the assigned school site starting on **Tuesday, September 4** for scheduling of the applicable tests: Algebra 1, Geometry, Biology 1, Civics and US History EOC. **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 (Individual Education Plan-IEP or Section 504 Plan) 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: _____
