

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

In order for a Florida Home Education Program (FHEP) student to participate in the Summer 2018 Florida Standards Assessments (FSA) End-of-Course (EOC) Assessments (Algebra 1, Geometry) and NGSSS EOC Assessments (Biology 1 and US History) administrations, the parent/guardian must complete and submit 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 22, 2018** for the Summer 2018 FSA and NGSSS EOC Assessments.

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

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

| | | |
|-----------------------------------|---|--|
| FSA EOC: July 9-20, 2018 | <input type="checkbox"/> Algebra 1 (CBT only) Grades 9-12 Enrolled: _____ | <input type="checkbox"/> Geometry (CBT only) Grades 9-12 Enrolled: _____ |
| NGSSS EOC: July 9-20, 2018 | <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

Please refer to the above schedules for the specific dates each test is administered.
 Upon approval by the FHEP, students will be assigned to an OPEN Summer School site for testing.
PARENTS/GUARDIANS: After you have registered a student to test, contact the test chairperson at the assigned OPEN Summer school site starting on **Monday, July 9, 2018** for scheduling of the applicable tests: Algebra 1, Geometry, Biology 1 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: _____