



CATHOLIC SCHOOLS

ARCHDIOCESE OF CINCINNATI

By selecting “yes” to the accommodations question, the parent/guardian is providing consent to their child’s current school to send all of the necessary accommodation materials to the testing site selected.

Please print the HSPT Accommodation Form found on the next page.

Take this form to your child’s principal and ask them to complete the information. Your child's school will then send this completed form to the testing location. This form **MUST** be submitted to the testing location no later than two weeks prior to the HSPT testing date.

TESTING ACCOMMODATIONS

Certain student accommodations may be available at specific testing sites. For more information and to confirm testing accommodations, please contact the school in advance of the test date.



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**HIGH SCHOOL PLACEMENT TEST - HSPT
Accommodation Form**

Full legal name of Student: _____

Current School: _____

High School Testing Site: _____

I am including a copy of the student's current:

ISP/IEP Testing Accommodations ELL Testing Accommodations 504/School Accommodation Plan

Per this plan, the student qualifies for the following accommodation/s:

- Extended Testing Time
- Small Group Setting
- Read Aloud
- Use of a calculator
- Use of translation dictionary
- Scribe
- Other _____

All high schools are required to provide extended time and read aloud testing accommodations. Other accommodations may not be available at all testing locations.

By completing this form, I verify the student identified above has a current Individual Education Plan (IEP), Individual Service Plan (ISP), 504, current School Accommodation Plan, or is an English Language Learner and qualifies for testing accommodations.

Signature of Principal: _____

The elementary school principal must complete and send this letter to the HSPT testing coordinator at the specific high school where the student is testing two weeks prior to the test administration date. Supporting documentation must be attached as indicated by RWB Policy 1004.02.