

## HSPT PARENT AUTHORIZATION FORM

Parents: Please complete the first page of this document and return both pages to your child's school. Please submit this form to your child's school by Friday, November 1.

To: \_\_\_\_\_  
ELEMENTARY/MIDDLE SCHOOL NAME

I, \_\_\_\_\_, am the parent of \_\_\_\_\_.  
PARENT NAME STUDENT NAME

My child will be taking the High School Placement Test (HSPT) and I am requesting that my child be provided an accommodation for a pre-existing disability that qualifies for accommodation.

Pre-existing disability: \_\_\_\_\_

Accommodation(s) requested: \_\_\_\_\_

I hereby AUTHORIZE: \_\_\_\_\_  
ELEMENTARY/MIDDLE SCHOOL NAME

to provide information to: \_\_\_\_\_  
HIGH SCHOOL PLACEMENT TEST TESTING CENTER

to verify my child's eligibility for accommodation for the HSPT based on my child's disability and

release \_\_\_\_\_ from any liability for providing this information.  
ELEMENTARY/MIDDLE SCHOOL NAME

STUDENT NAME: \_\_\_\_\_

PRINT PARENT NAME: \_\_\_\_\_

Signed: PARENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**VERIFICATION OF ELIGIBILITY FOR HIGH SCHOOL PLACEMENT TEST (HSPT)  
IEP/ACCOMMODATION FORM**

To: Admissions Office

\_\_\_\_\_  
NAME OF HIGH SCHOOL/HSPT TESTING CENTER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE ZIP CODE

Email address/admissions office: \_\_\_\_\_

\_\_\_\_\_ has an IEP/accommodation plan on file with this school.  
STUDENT NAME

Based on the information in this plan, \_\_\_\_\_ is eligible for the following  
STUDENT NAME

accommodation(s) when taking tests: \_\_\_\_\_

\_\_\_\_\_  
DATE OF IEP/BUILDING/ACCOMMODATION PLAN: \_\_\_\_\_

ACCOMMODATION(S): \_\_\_\_\_

Signed: \_\_\_\_\_  
SCHOOL REPRESENTATIVE

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please mail or email this form to the high school noted above no later than Friday, November 15.

ELEMENTARY/MIDDLE SCHOOL NAME/ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_