



ARCHDIOCESE OF SAN ANTONIO
CATHOLIC SCHOOLS

Request for Accommodations on the HSPT

Student Name	DOB	School Telephone
School	Grade	
Home Address		
Parent/Guardian		
Date of most recent evaluation	Identified Area of Concern/Diagnosis	
District/Agency Providing Evaluation		
Accommodation(s) requested		
<input type="checkbox"/> Extended time (time and a half) in subject area: _____		
<input type="checkbox"/> Large print material		
<input type="checkbox"/> Small group		
<input type="checkbox"/> Highlighter		
<input type="checkbox"/> Colored Overlays		
<input type="checkbox"/> Extended breaks		
<input type="checkbox"/> Student may carry their medical equipment (<i>circle one</i>): Epi-pen Inhaler		

Administrator Signature _____

Date _____

***Request for accommodations on the HSPT must be sent to the testing site by Wednesday, December 2, 2020.**