

# High School Placement Test Accommodation Form

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.

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TO: High School Principal of \_\_\_\_\_

FROM: \_\_\_\_\_, Principal of \_\_\_\_\_ School

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

RE: Student's Testing Accommodations for the High School Placement Test (HSPT)

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The student identified below either has a current Individual Education Plan (IEP), Individual Service Plan (ISP), current School Accommodation Plan, or is an English Language Learner who qualifies for testing accommodations. Please plan for this student's testing accommodations during the HSPT administration. Accommodations are noted below.

Name of Student: \_\_\_\_\_

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

All high schools will provide extended time and read aloud testing accommodations. For information regarding the availability of other accommodations, please contact the individual high school.

**Extended Testing Time (up to 1 ½ allocated time)**

Verbal 18+ 9=Total 27 minutes  
Quantitative 30+15=Total 45 minutes  
Reading 25+12=Total 37 minutes  
Mathematics 45+22=Total 67 minutes  
Language 25+12=Total 37 minutes

**Read Aloud**

Verbal  
Quantitative  
Reading – Not allowable for any student  
Mathematics  
Language

Use of translation dictionary (not regular English dictionary – student must bring own)

Scribe

Other \_\_\_\_\_

Other \_\_\_\_\_

*Please Note: Students may NOT use a calculator as a testing accommodation on the High School Placement Test even though the student's ISP/IEP lists calculator usage as a testing accommodation. See High School Placement Manual page 5.*

Parent signature on this form indicates consent for the above named school to release records for the above named child in consideration of testing accommodations for the HSPT in the Archdiocese of Cincinnati.

Signature of Parent \_\_\_\_\_

Signature of Principal or Designee \_\_\_\_\_