



Request for Extended Time (+50%) on the High School Placement Test (HSPT)

Student Information

First Name _____ Last Name _____ Date of Birth ____/____/____

Address _____ City _____ State ____ Zip _____

Parent/Guardian 1 Name _____ Telephone Number _____ E-mail Address _____

Parent/Guardian 2 Name _____ Telephone Number _____ E-mail Address _____

Diagnosed Impairment (Check all that apply.)

Learning Disability

Reading Disorder (including Dyslexia)

Mathematics Disorder

Writing Disorder/Written Expression

Speech/Language or Communications Disorder

Other: _____

Health Impairment

ADD/ADHD

Hearing Impairment

Visual Impairment

Mood or Anxiety Disorder

Documentation

Please attach the following two documents:

1. Psychoeducational Evaluation Report dated within the past three school years.
2. Current IEP, 504, or Official Accommodation Plan

Please indicate the type of plan you are submitting.

IEP ICEP 504 Plan Official Accommodation Plan

Check ALL school years in which the student has officially been permitted by school to access the above requested accommodation.

8th 7th 6th 5th 4th 3rd Before Grade 3

Grade School/Middle School Information

If Marist High School needs to contact a school representative to verify information provided with this form, please provide the following information.

School Name

Telephone Number

Parent/Guardian Signature

I certify that the information provided is accurate to the best of my knowledge. By signing below, I understand that the information submitted may be kept by Marist High School with other self-identifying information for the duration of enrollment at Marist High School.

I authorize release to Marist High School of diagnostic and educational information by school officials, physicians, educational evaluators, or others having such information as related to my request for accommodations on the Entrance Exam. All information will be handled confidentially, and will not be released to parties outside of Marist without prior written consent.

Parent/Guardian Signature

Date

Submission of Request for Extended Time Accommodation on the Marist High School Entrance Exam

Send this form and a copy of the student's most recent Diagnostic Report and School Plan to the Student Accommodations Coordinator, Mrs. Erin Kelly.

Co-

Via Mail

Marist High School
Attn: Erin Kelly
4200 West 115th St.
Chicago, IL 60655

Via Email

kelly.erin@marist.net

In-Person

Marist's main office is open
Monday-Friday, 7:30 a.m. to 3:30 p.m.
Summer Hours, 7:30 a.m. to 2 p.m.

Contact Mrs. Kelly with any questions at kelly.erin@marist.net or 773.881.5304.

For use by Marist High School only:

Date received: _____ ___ Diagnostic Report ___ School Plan *Confirmation Email* _____

Accommodation Decision _____ *Decision Email* _____