



## 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

