



## 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 Co-ordinator, Mrs. Margie Sweeney.

### Via Mail

Marist High School  
Attn: Margie Sweeney  
4200 West 115th St.  
Chicago, IL 60655

### Via Email

sweeney.margie@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. Sweeney with any questions at [sweeney.margie@marist.net](mailto:sweeney.margie@marist.net) or 773.881.5336.

## For use by Marist High School only:

Date received: \_\_\_\_\_      \_\_\_ Diagnostic Report    \_\_\_ School Plan    *Confirmation Email* \_\_\_\_\_

Accommodation Decision \_\_\_\_\_      *Decision Email* \_\_\_\_\_