



## FLORIDA HOME EDUCATION PROGRAM For Home Education Students

To participate in the 2022 FALL statewide assessments – Florida Standards Assessments (FSA) and/or End-of-Course (EOC) Assessments as listed below, you must fill out and fax this form to Suncoast Technical College, Attn: Laura Welch, at 941-921-7902 or email it to [laura.welch@sarasotacountyschools.net](mailto:laura.welch@sarasotacountyschools.net) by **September 9, 2022**.

Student's Name	Date of Birth	Grade Level

**PLEASE INDICATE THE TEST(S) IN WHICH YOUR CHILD WILL PARTICIPATE:**

- |   |   |
|---|---|
| <input type="checkbox"/> FSA-ELA-Reading<br>(Grade 10/Retake) | <input type="checkbox"/> Biology EOC    |
| <input type="checkbox"/> Algebra I EOC                        | <input type="checkbox"/> US History EOC |
| <input type="checkbox"/> Geometry EOC                         | <input type="checkbox"/> Civics EOC     |

Upon approval by the Office of Student Systems and Assessment, you will be sent a confirmation letter indicating the details of the assessment (location, date, time, etc.). **ALL Home Education students will test at Suncoast Technical College in Sarasota.** You must take your child to STC on the day of testing **along with a Student Photo ID** in order for your child to participate in the FSA/EOC assessments.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Print Parent's/Guardian's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

**FHEP Use Only**

FLEID

(\_\_\_\_\_) \_\_\_\_\_  
Telephone

FHEP Approval: \_\_\_\_\_

**REQUEST FOR ACCOMMODATION:**

If your child requires special format materials (i.e., large print or Braille) or accommodations to access his/her education or assessments, please indicate the nature of any accommodations requested for testing below. **All requests for accommodations must be accompanied by supporting documentation (IEP or 504 plan) at the time of registration.**

<b>My child uses the following accommodations on a regular basis to access his/her education and I am requesting those accommodations for the test(s):</b>	
<b>District Office Use Only:</b>	Supporting Documentation provided: <input type="checkbox"/> Most recent IEP (expiration date: _____) <input type="checkbox"/> Copy of medical or psychological evaluation (date _____) <input type="checkbox"/> Other (specify) _____
The accommodation(s) requested ___ can ___ cannot be provided, as follows:	