



FLORIDA HOME EDUCATION PROGRAM TEST REGISTRATION FORM

To participate in the 2021 SPRING 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 941-924-1365 ext.62101 or email it to laura.welch@sarasotacountyschools.net by **January 31, 2021**.

Student's Name	Date of Birth	Grade Level

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

- | | | |
|---|--|--|
| <input type="checkbox"/> FSA-ELA- Writing
(Grades 4-10) | <input type="checkbox"/> FSA-ELA-Reading
(Grades 3-10) | <input type="checkbox"/> FSSA Science
(Grades 5 and 8) |
| <input type="checkbox"/> FSA Mathematics
(Grades 3 – 8) | <input type="checkbox"/> Geometry EOC | <input type="checkbox"/> Biology EOC |
| <input type="checkbox"/> Algebra I EOC | <input type="checkbox"/> US History EOC | <input type="checkbox"/> Civics EOC |

Upon approval by the Student Services and Assessment Department, you will be sent a confirmation letter indicating the details of the assessment (location, date, time, etc.). You must take your child to the assigned school 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

FHEP Use Only

City

Zip

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.**

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):

District Office Use Only:

Supporting Documentation provided:

Most recent IEP (expiration date: _____)

Copy of medical or psychological evaluation (date _____)

Other (specify)

The accommodation(s) requested can cannot be provided, as follows:
