



# FLORIDA HOME EDUCATION PROGRAM TEST REGISTRATION FORM

To participate in the 2019 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 The School Board of Sarasota County, Florida, Research, Assessment and Evaluation Department, 941-927-4021 or email it to [laura.welch@sarasotacountychools.net](mailto:laura.welch@sarasotacountychools.net) by **January 31, 2019**.

Student’s Name	Date of Birth	Grade Level

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

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

Upon approval by the Research, Assessment and Evaluation 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**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip**

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

**FHEP Use Only**

**FLEID**

**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:

\_\_\_\_\_