



SAINT VIATOR HIGH SCHOOL

Request for Accommodations on the High School Placement Test (HSPT) December 2018

Side 1: Please complete in conjunction with the appropriate faculty or staff member at your school who knows you well and is able to certify your ability to access accommodations and supports at school. Please print clearly, and **submit by November 16, 2018.**

A. Student Information

Name (Last, First)		Date of Birth	
Street Address	City	State	Zip Code
Parent/Guardian 1	Telephone Number	E-mail Address	
Parent/Guardian 2	Telephone Number	E-mail Address	

B. Accommodation(s) Requested

- Extended Time (+50%) Mark answers in test book (not on scantron answer document)
- Seating at front of room Other: _____

C. Diagnosed Impairment (check all that apply)

Please attach a copy of current diagnostic documentation (Psychoeducational Evaluation Report dated within the past 3 school years).

Learning Disability	Health Impairment
<input type="checkbox"/> Reading Disorder (including Dyslexia)	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Mathematics Disorder	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Writing Disorder / Written Expression	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Speech/Language or Communication Disorder	<input type="checkbox"/> Mood or Anxiety Disorder
<input type="checkbox"/> Other: _____	

D. Current IEP, 504, or Official Accommodations Plan

Please attach a copy of the current school plan. Check the box to indicate which type of plan you are submitting.

- IEP ICEP 504 Plan Official Accommodation Plan Official Statement*

Check ALL school years in which the student has officially been permitted by school to access the above requested accommodations.

- Grade 8 Grade 7 Grade 6 Grade 5 Grade 4 Grade 3 Before Grade 3

*Official Statement: A signed statement, on school letterhead, from a qualified professional at the student's current school to certify: 1) under what circumstances testing accommodations are permitted for this student in school and the basis for providing the accommodation; 2) describe any additional classroom accommodations or supports provided to the student; 3) explain why it is believed that accommodations should be permitted on Saint Viator's Entrance Exam; 4) describe the history of student difficulty and support in school.

Side 2: Please print clearly. Complete and return by November 16, 2018.

Student Name

Date of Birth

E. School Official's Signature

I affirm the student named on this form attends the school where I work. I verify the information provided on this form and in the attached school plan and diagnostic documentation is accurate, to the best of my knowledge, and reflects the testing accommodations currently provided in school.

School Official's Signature

E-mail Address

Print Official's Name, Title, and School

Telephone Number

F. Student and Parent/Guardian Signature

I certify that I am the person whose information is submitted on this request form and 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 Saint Viator with other self-identifying information for the duration of my tenure as a student at Saint Viator.

I authorize release to Saint Viator 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 Saint Viator without prior written consent.

Student's Signature

Date

Parent/Guardian's Signature

Date

G. Submission of Request for Accommodations on Saint Viator's Entrance Exam by November 16, 2018

Send this form and a copy of the student's most recent Diagnostic Report and School Plan to Saint Viator's Scanlan Center Director:

Mail

E-mail

Fax

Saint Viator

Attn: Erica Fuja

Efuja@saintviator.com

847-392-4101

1213 E Oakton Street

Arlington Heights, IL 60004

Thank you for your interest in Saint Viator. You will receive e-mail notification of our receipt of your application to request accommodations. An accommodations decision letter will be e-mailed within two to four weeks after receiving your application. Please send any questions, in writing, to Saint Viator's Scanlan Center Director, Erica Fuja, at efuja@saintviator.com.

For use by Saint Viator only:

Date received _____ Diagnostic Report School Plan confirmation e-mail _____

Accommodation Decision _____ decision letter e-mail _____