



**CATHOLIC SCHOOLS**  
ARCHDIOCESE OF CINCINNATI

**HIGH SCHOOL PLACEMENT TEST - HSPT  
Accommodation Form**

Full legal name of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

High School Testing Site: \_\_\_\_\_

*I am including a copy of the student's current:*

☐ ISP/IEP Testing Accommodations   ☐ ELL Testing Accommodations   ☐ 504/School Accommodation Plan

*Per this plan, the student qualifies for the following accommodation/s:*

- ☐ Extended Testing Time
- ☐ Small Group Setting
- ☐ Read Aloud
- ☐ Use of a calculator
- ☐ Use of translation dictionary
- ☐ Scribe
- ☐ Other \_\_\_\_\_

All high schools are required to provide extended time and read aloud testing accommodations. Other accommodations may not be available at all testing locations.

By completing this form, I verify the student identified above has a current Individual Education Plan (IEP), Individual Service Plan (ISP), 504, current School Accommodation Plan, or is an English Language Learner and qualifies for testing accommodations.

**Signature of Principal:** \_\_\_\_\_

The elementary school principal must complete and send this letter to the HSPT testing coordinator at the specific high school where the student is testing two weeks prior to the test administration date. Supporting documentation must be attached as indicated by RWB Policy 1004.02.

**Please send completed form and corresponding documents to High School Testing Site. [CLICK HERE](#) to find a list of High School Contacts.**