



REGINA DOMINICAN

Inspiring Global Leadership

Request for Accommodations on the High School Placement Test (HSPT) December 2, 2017

Please print clearly, and submit by **November 21, 2017**.

A. Student Information

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

B. Accommodation(s) Requested

- Extended Time (+50%)
- Mark answers in test book (not on scantron)
- Preferred Seating
- Test read out loud to student

C. Identify Learning Challenge (check all that apply)

Please attach a copy of current diagnostic documentation (IEP, ICEP, 504 or Neuropsych Evaluation).

Learning Disability

- Reading (including Dyslexia)
- Mathematics
- Writing Disorder / Written Expression
- Speech/Language or Communication
- Other:

Health Impairment

- ADD/ADHD
- Hearing Impairment
- Visual Impairment
- Mood or Anxiety Disorder

Check ALL school years in which your 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

Identify accommodations/modifications your daughter currently receives in her classes:

Identify accommodations you are currently seeking for your daughter at Regina Dominican:

Side 2: Please print clearly. Complete and return by **November 21, 2017**.

Student Name

Date of Birth

D. School Official's Contact

Please identify the learning specialist, academic resource support personnel, special education teacher, or other educator whom we may contact for additional information:

Educator

Telephone Number

Email Address

Educator

Telephone Number

Email Address

E. 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 Regina Dominican with other self-identifying information for the duration of my tenure as a student at Regina Dominican.

I authorize release to Regina Dominican 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 Regina Dominican without prior written consent.

Student's Signature

Date

Parent/Guardian's Signature

Date

F. Submission of Request for Accommodations on Regina Dominican's Entrance Exam

Send this form and a copy of the student's most recent Diagnostic Report and School Plan to Regina Dominican's Director of Student Services.

Mail

Regina Dominican
701 Locust Road
Wilmette, IL 60091

Email

Dr. Patricia Caine
pcaine@rdhs.org

Fax

847-256-3726

Thank you for your interest in Regina Dominican. You will receive e-mail notification of our receipt of your application to request accommodations. An accommodations decision letter will be emailed within two after receiving your application. Please send any questions, in writing, to Regina Dominican's Director of Student Services, Dr. Patricia Caine, at pcaine@rdhs.org.

For use by Regina Dominican only:

Date received _____ Diagnostic Report School Plan Confirmation email _____

Accommodation Decision _____ Decision letter email _____