



Bourgade Catholic High School
COLLEGE PREPARATORY

High School Placement Test Accommodations Form

Parents must complete this form and send to Bourgade Catholic High School. Accommodations form may be scanned and emailed to admissions@bourgadecatholic.org. Additional support documents must also be included.

To: Mr. Ryan Watson, Assistant Principal of Bourgade Catholic High School

From: _____ (Name of Parent/Guardian)

Date: _____ (Must be submitted by December 22, 2018)

RE: Student's Testing Accommodations for the High School Placement Test (HSPT)

The student listed below has a current IEP, Student Service Plan, 504 Plan, or documented need for accommodations by current school on official school letterhead.

Name of Student: _____

___ Current School approved testing accommodations ___ 504 Plan testing accommodations

___ Student Service Plan testing accommodations ___ IEP Plan testing accommodations

Below are a list of possible accommodations:

Extended Testing Time (1 ½ allocated time)

___ Verbal

___ Quantitative

___ Reading

___ Mathematics

___ Language

Read Aloud

___ Verbal

___ Quantitative

___ Reading

___ Mathematics

___ Language

Large Font

___ Yes

___ No

Use of translation dictionary (student must bring their own)

___ Yes

___ No

Scribe

___ Yes

___ No