

**VERIFICATION OF ELIGIBILITY FOR HIGH SCHOOL PLACEMENT TEST (HSPT)  
IEP/ACCOMMODATION FORM**

To: HIGH SCHOOL PLACEMENT TEST TESTING CENTER/ADDRESS

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\_\_\_\_\_ has an IEP/accommodation plan on file with this school.

STUDENT NAME

Based on the information in this plan, \_\_\_\_\_ is eligible for the following  
STUDENT NAME

accommodation when taking tests: \_\_\_\_\_  
\_\_\_\_\_

DATE OF IEP/ACCOMMODATION PLAN: \_\_\_\_\_

ACCOMMODATION: \_\_\_\_\_

Signed: \_\_\_\_\_  
SCHOOL REPRESENTATIVE

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

ELEMENTARY/MIDDLE SCHOOL NAME/ADDRESS

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