



Modified HSGQE Application 2011 - 12

If student has approved modifications from previous applications, do not reapply unless you are requesting a new modification.

Modified HSGQE Applications are due to EED 60 days in advance of the test administration. For the **spring** administration, this application is **due by 4:00 on Friday, February 3, 2012**. Please send the application and the pages of the IEP or 504 plan **that document the disability and note the modification in the program and assessment sections**. The department will respond 30 days before the test administration to allow a district time to request reconsideration from the Commissioner. A Request for Reconsideration must be filed within 10 days after the denial. **Fax this application to 465-8400, and you may confirm the arrival of the fax by contacting the assessment clerk at 465-2900.** Upon receipt of approval, the teacher listed below must send a copy of the approved application to his/her district's test coordinator.

Student Information:

School District _____ High School _____

Student Name _____ Date of Birth _____
Last First

State Student ID Number: _____
(must be 10 digits)

Grade level at time of spring HSGQE Retest: Repeating 10 10 11 12

Disability:

Cognitively Impaired <input type="checkbox"/>	Hearing Impaired <input type="checkbox"/>	Speech/Lang. Impaired <input type="checkbox"/>	Visually Impaired <input type="checkbox"/>
Emotionally Disturbed <input type="checkbox"/>	Orthopedic Impairment <input type="checkbox"/>	Other Health Impaired <input type="checkbox"/>	Learning Disabled <input type="checkbox"/>
Deaf-Blind <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>	Autism <input type="checkbox"/>	Traumatic Brain Injury <input type="checkbox"/>

Teacher's Name _____ Teacher's Phone Number _____

Teacher's Fax Number _____ Teacher's Email _____

Teacher's Mailing Address _____

Other Contact Name and Fax Number _____

Is this the first application for modifications or a request for additional modifications? First Application Additional Modifications

Has the student taken the HSGQE? Yes No

If no, has a Request for Permission been approved by the local governing body? Yes No

If the Request for Permission form has been approved, please attach a copy Attached

What result has the student obtained on the HSGQE for all administrations? (e.g. If a student scored Not Proficient on the first administration of the reading test but passed on a retake, code the student Proficient for reading. If a student scored Not Proficient on two administrations of the math test, code the student Not Proficient for math.)

	Proficient	Not Proficient	Other
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review this → Is a copy of the pages from the student's IEP or 504 Plan that lists each modification needed for the Modified HSGQE included? Are all requested modification reflected in **both** the **Program Modifications AND Assessment sections of the IEP and** included with this application? (**Read page 22 of the Participation Guidelines requirements 1-8.**)

IEP: Yes No 504 Plan: Yes No

Does the student's IEP or Section 504 Plan state the need for a Modified HSGQE? Yes No

Student's Name: _____

For which subtest(s) is the IEP/504 requesting?

	Modified
Reading	<input type="checkbox"/>
Writing	<input type="checkbox"/>
Math	<input type="checkbox"/>

Which of the following best describes the Modified HSGQE that will be provided for the student?

1. Allow a student to ask a test proctor for clarification of a test item
2. Allow signer to clarify test items for a deaf student
3. Allow use of a spell check on a word processor
4. Allow all tests to be read aloud (or provide a recording of the test material)*
5. Allow use of a grammar check on a word processor
6. Allow use of a graphing/scientific calculator**
7. Allow a student the use of a dictionary or thesaurus
8. Allow a student to use math or writing commercially produced resource guides
9. Allow voice recognition software and word processor
10. Allow proctor to provide synonym for unknown word if requested by student
11. Other: _____

	Reading	Writing	Math
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* This modification is for the reading test. Reading the math/writing tests aloud is an allowable accommodation.

** Only a modification if it is a graphing/scientific calculator – four-function calculator is an allowable accommodation.

**Signature of Special Education Teacher
or Sec. 504 Coordinator**

Date of Signature

FOR EED USE ONLY	
<p>Reviewed By _____ Date _____</p> <p>Comments:</p>	<p align="center">APPROVED</p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p align="center">Partial Approval <input type="checkbox"/></p> <p align="center">Previously Approved <input type="checkbox"/></p>
<p>Resubmission Notes:</p>	<p align="center">APPROVED</p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p align="center">Partial Approval <input type="checkbox"/></p> <p align="center">Previously Approved <input type="checkbox"/></p>

Note: Specific directions for the use of the modified HSGQE are contained in the *Participation Guidelines for Alaska Students in State Assessments* on the Department's website at <http://www.eed.alaska.gov/tls/assessment/modified.html>. Modified HSGQE applications are approved or denied by the Department of Education & Early Development. If the application is denied, the district has the right to request reconsideration to the Commissioner. All Requests for Reconsideration must be filed within 10 days after the denial.

Send this application and the appropriate IEP or Section 504 pages to the Department of Education and Early Development by fax to 465-8400. You may also mail this application to Department of Education, Education & Early Development, Alternative Assessment Program Coordinator, 801 West 10th Street, Suite 200, PO Box 110500, Juneau, AK 99811-0500.

INDIVIDUAL EDUCATION PROGRAM (IEP)

ATTENTION – the following evidence must be included with the application. The application will NOT be processed if any portions are missing. Be sure IEP is up to date.

(Middle Name)

(State ID Number)

(Site)

(Birth Date - MM/DD/YYYY)

(Gender)

Use the following example as a guideline.

Mark One: Annual IEP [] **or** Interim IEP [] **or** Initial IEP []

IEP Meeting Date: _____

Eligibility Category: _____

(Primary Category – only one)

IEP Expiration Date: _____

Eligibility Report Date: _____

(Most Recent Date)

[] Transfer of Rights Letter has been sent to both parent and student (at least one year before turning 18, the student

Evidence of disability

I. Signature Of Participants In Attendance At IEP Meeting *

Parent _____ Special Ed. Teacher _____

Parent _____ Regular Ed. Teacher _____

Student

District Representative

Signatures must be included

Title/Signature

Title/Signature

Agencies

Community Partners

* Signature indicates attendance and does not constitute agreement or disagreement with IEP content.

II. Student's Strengths:

III. Student and Parent Comments, Needs or Concerns:

IV. Other Agency Comments:

XII. STATE AND DISTRICT-WIDE ASSESSMENTS:

The student will:

1. Participate in state and district-wide assessments (grades 3 through 10) without accommodations
2. Participate in state and district-wide assessments (grades 3 through 10) with the following accommodations (refer to *The Participation Guidelines* booklet for the list of accommodations).

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

Comments: _____

List designated modifications, which fit the student's needs.

3. Participate in a modified High School Graduation Exam (HSGQE) (refer to *The Participation Guidelines* booklet for parental guidance). **Requires application and Department approval.** _____

1. <input checked="" type="checkbox"/> _____	2. _____
3. _____ e.g., ask proctor clarification of test question	4. _____
5. _____ e.g., use of spell check on a word processor	6. _____

Comments: _____

4. Participate in a nonstandardized High School Graduation Qualifying Exam (HSGQE) (refer to *The Participation Guidelines* booklet for guidance). **Requires application and Department approval.**

Non-Diploma Track

5. Participate in the statewide Alternate Assessment for grades 3 through 10.

The Alternate Assessment is based on alternate achievement standards and is a non-diploma track assessment. The team must provide a statement of why regular assessment **is not** appropriate and why the Alternate Assessment **is** appropriate.

Reason(s): _____

Parent Signature: _____

(Note: The parent's signature acknowledges participation in a non-diploma track assessment)

INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name: _____ IEP Date: _____

XIII. Program Modifications/Accommodations for Student to:

Supports for School Personnel:

Advance appropriately toward annual goals	What supports/training do school personnel need?
Document modifications used in the regular classroom.	
Be involved in and progress in the general education curriculum <i>use a spell check on a word processor to complete assignments and classroom tests during classroom testing, student can ask for clarification of test question</i>	What supports/training do school personnel need?
Participate in extracurricular and other nonacademic activities	What supports/training do school personnel need?

“The student uses the proposed modification on a regular basis in the classroom, or if not, an explanation of why not.” (Page 22 *Participation Guidelines*)

Please address all areas listed above.

Extended School Year:

Extended School Year services must be considered for each child with a disability. Justification for the team's decision must be stated below.

- A review of the child's educational program indicates that extended school year services are required.
- A review of the child's educational program indicates that extended school year services are not required.
- The team needs to collect further data before making this determination and will meet again by: _____.
(mm/dd/yy)

Justification: _____

