**Off-Island Alternative Site Administration Request Form for Paper/Pencil HSAP Assessments**

Verification of Student Need Form

*This form is to be used to request off-island administration for a student who is receiving services at an Alternative site, Home/Hospital Instruction site, or Serious Disciplinary Action site. Schools are responsible for assessing these students if they are receiving services on-island.*

Date:

Student Name: 10-digit Student ID: Grade Level:

School Name: School Code:

School Street Address (Street, City, Zip Code – No P.O. Box): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Contact Person Name:

School Contact Person Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

School Contact Person E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate assessment(s) or exam(s) for which paper/pencil materials are requested:

|  |  |
| --- | --- |
|  | □ Smarter Balanced ELA/Literacy □ Smarter Balanced Mathematics□ HSA Science (NGSS) □ Biology 1 (NGSS) EOC □ Algebra 1 EOC □ Algebra 2 EOC  |

**Note**: The student must use the same type of test form (i.e., paper/pencil or online) for both the CAT and PT of the Smarter Balanced ELA/Literacy or a CAT of the Smarter Balanced mathematics assessment. Requesting a Smarter Balanced paper/pencil assessment will include a paper/pencil fixed-form test and/or a paper/pencil performance task, as appropriate.

Institution or Location Name Where Student Currently Receives Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution or Location Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution or Location Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution or Location Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution or Location Contact Person Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution or Location Contact Person Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All students tested at OFF-ISLAND sites will be given HSAP assessments in a paper/pencil format.*

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| *Assessment Section Use Only*Verified: Y or NName and Date: |

Fax the completed form to the Assessment Section at (808) 733-4483.

The school Test Coordinator should retain the original form for documentation purposes.