

Assessment Request for Non-Enrolled Resident Students Everett Public Schools

Any requests by parents or online schools to have a student take the state assessments should be directed to Curriculum & Assessment (C&A), Terry Campbell 425.385.4057.

Students enrolled in Online Schools:

- Register students in OSPI Test Registration (TR) system at: <https://eds.ospi.k12.wa.us/TestRegistration/>.
- Provide C&A with Pre-ID label and we will submit directly to OSPI.
- Inform students of the approved test times and location noted below.

All students:

- For Smarter Balanced Assessments (SBA), parents or guardians must verify by signing below that the student(s) has taken the training test (used for tools) and practice tests for both ELA and math. The CAT and Performance Tasks are available at <http://wa.portal.airast.org/training-tests/> and must be completed prior to March 18, 2016. Our district is using Chromebooks to administer the SBA. Students should be familiar with this device before attempting the state assessment. Students must bring their own headsets.

Student Legal Name: _____ Date: _____

Grade: _____ Date of Birth: _____ Gender: _____

State Student ID (required): _____ Phone Number: _____

Home Address: _____

E-mail Address: _____

Emergency Contact Person: _____ Contact Number: _____

I verify that the above information is current and correct. For SBA, I verify that my student completed the SBA training and practice tests on _____ and _____ (dates).

Parent Name: _____ Parent Signature: _____ Date: _____

School (online) currently enrolled: _____

School Address: _____

School Contact Person: _____

School Phone Number: _____ E-Mail: _____

I understand the need to take this test(s) based on the graduation requirement and have personally informed the student and parent(s) of their commitment to show up for the exam. School Contact Signature: _____

Subject(s) To Be Tested: Smarter Balanced ELA Smarter Balanced Math
 MSP Science (Gr. 5&8) HSPE Gr. 12 Reading HSPE Gr. 12 Writing
 EOC Algebra EOC Geometry EOC Biology Other: _____

To be completed by C&A:

Approval of Testing Location

Approved location: _____	Subject: _____	Date: _____	Time: _____
	Subject: _____	Date: _____	Time: _____
	Subject: _____	Date: _____	Time: _____
	Subject: _____	Date: _____	Time: _____
	Subject: _____	Date: _____	Time: _____

Student ID Label Online School Site Label

Date Approved: _____

Approved by: _____