

**HSA-Alternate Assessment
Spring 2016**

**Paper/Pencil Test Kit Exception
Request Form**

Date: _____

School Name: _____

School Code: _____

School Test Coordinator Name: _____

TC Email: _____

TC Phone: _____

Student's SSID #: _____

Student's Grade Level: _____

Student's Test Administrator Name: _____

Please state the rationale for requesting the Paper/Pencil Test Kit Exception for the above student for Spring 2016 HSA-Alt testing:

School Test Coordinators must **email** completed forms to:
Emily MacGillivray at emacgillivray@air.org and
Jennifer Hart at jhart@air.org

The School Test Coordinator will be contacted via email if additional information is needed and when a final determination of approval is made by the Hawai'i Department of Education's Assessment Section.