



## FLORIDA DEPARTMENT OF EDUCATION

### Office of Independent Education and Parental Choice

325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400

Fax: 1-850-245-0875 Email: [schoolchoice@fldoe.org](mailto:schoolchoice@fldoe.org)

School Choice Information Hotline: 1-800-447-1636

### Office of Assessment

325 W. Gaines St., Ste. 414, Tallahassee, FL 32399-0400

Fax: 1-850-245-0771 Email: [FLDOE.Assessment@fldoe.org](mailto:FLDOE.Assessment@fldoe.org)

Phone: 1-850-245-0513

## PRIVATE SCHOOL APPLICATION TO ADMINISTER FLORIDA STATEWIDE ASSESSMENTS IN 2016-17

Complete this application and fax or scan/email it to 850-245-0771 or [FLDOE.Assessment@fldoe.org](mailto:FLDOE.Assessment@fldoe.org). You may also mail the final, signed copy of this application to

Office of Assessment, Attn: Molly Hand

325 W. Gaines Street, Ste. 414

Tallahassee, FL 32399-0400

**The application must be completed in its entirety to receive consideration. Please refer to the checklist on page 12.** The application window ends **March 1, 2016**, as established in Section 1002.395(8)(c), Florida Statutes (F.S.). Late submissions will not be considered.

Any falsification of information, non-compliance with the Florida Tax Credit (FTC) Scholarship Program or the Personal Learning Scholarship Account Program (PLSA), or failure to meet the program requirements or the established deadlines will result in removal from consideration for or participation in the assessment program.

**The application must be notarized.** If additional space is needed to answer any questions, please attach a separate document with the question number and the continuation of the response.

### PRIVATE SCHOOL INFORMATION

School Name \_\_\_\_\_  
Federal Employer Identification Number: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Application Contact (Person Assuming Responsibility for the Private School): \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_

Owner \_\_\_\_\_

Owner Email \_\_\_\_\_

Director \_\_\_\_\_

Director Email \_\_\_\_\_

School Phone \_\_\_\_\_

School Email \_\_\_\_\_

School Website \_\_\_\_\_

Is the school registered as a Private School with the Florida Department of Education (FDOE)? Yes  No

- If yes, provide the school code (4 digits) \_\_\_\_\_

Does the school currently participate in the FTC Scholarship Program? Yes  No

- Provide the number of FTC Scholarship students enrolled in the school at the time of application: \_\_\_\_\_

Does the school currently participate in the PLSA Program? Yes  No

- Provide the number of PLSA students enrolled in the school at the time of application: \_\_\_\_\_

If you answered NO to the last two questions above, your school is NOT eligible to participate in the statewide assessment program for 2016-17.

## INSTRUCTIONS

- Read all attached documentation and complete the signature page at the end of each attachment. The signature pages must be attached to the final application. Handwritten initials/signatures are required. Completed applications may be scanned for electronic submission or submitted in hard copy via regular mail.
- Read each statement in the application and initial next to each statement to indicate your agreement and understanding of the requirement. Use "0" or "N/A" for any fields that do not apply.
- Complete all requests for additional information. The additional information can be typed into the text boxes. **Only completed applications will be considered.**

\_\_\_ 1. I have read and understand s. 1002.395, F.S., and s. 1002.385, F.S. (**Attachment A**), which outline the requirements for participation. I have also included the signature page in this application.

\_\_\_ 2. I have read, understand, and agree to the Test Security Policies and Procedures (**Attachment B**), the Florida Test Security Statute and Florida State Board of Education Test Security Rule (**Attachment C**). I have also included the signature pages in this application.

\_\_\_ 3. I have communicated our intent to apply to participate in Florida's statewide assessments in 2016-17 to the staff at my school.

(3a) Describe how you have communicated this information to staff at your school. The Department reserves the right to contact school staff to confirm this has been communicated.

Description of Communication: \_\_\_\_\_

\_\_\_ 4. I have communicated our intent to apply to participate in Florida’s statewide assessments in 2016-17 to the parents/guardians at my school.

(4a) Describe how you have communicated this information to parents/guardians at your school.  
Description of Communication: [REDACTED]

\_\_\_ 5. I have at least one FTC Scholarship student or PLSA student who will be enrolled in my school in 2016-17.

(5a) Provide the number of FTC Scholarship students who may be enrolled in your school in 2016-17 (adjusted for graduation/promotion): [REDACTED]

(5b) Provide the number of PLSA students who may be enrolled in your school in 2016-17 (adjusted for graduation/promotion): [REDACTED]

\_\_\_ 6. I agree that my school will comply with FDOE’s testing schedule and with the specific testing windows established by my district, as applicable. Private schools must adhere to the district’s testing deadlines. See **Attachment D** for the current 2016-17 testing schedule.

\_\_\_ 7. I understand that only certified educators employed by the school can handle test materials and serve as test administrators in each testing room. I have read and understand the Certified Educators Frequently Asked Questions (**Attachment E**). I have also included the signature page in this application.

\_\_\_ 8. I agree that my school will have a sufficient number of certified educators to administer tests to our students.

(8a) Provide the names and certification numbers of all certified educators who will be employed at your school in 2016-17 who may serve as test administrators. (Certification will be verified at <https://app2.fldoe.org/publicapps/edcert/public.asp>.)

**Names and Certification Numbers of Certified Educators:**

Name	Certification Number
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Check this box if additional educators/certification numbers are included in a separate attachment to the application.

- \_\_\_ 9. I agree that the required number of proctors will be assigned to the testing rooms according to the guidelines below. I understand that proctors must not handle secure test materials.

For Paper-Based Assessments	For Computer-Based Assessments	Required Test Administrators and Proctors
1–30 students	1–25 students	Test Administrator*
31–60 students	26–50 students	Test Administrator and 1 Proctor
61–90 students	51–75 students	Test Administrator and 2 Proctors
*Whenever possible, it is strongly recommended that a proctor be assigned to rooms with 26 or fewer students (for computer-based) or 31 or fewer students (for paper-based).		

- \_\_\_ 10. I confirm that my school has adequate testing rooms that are suitable for testing (e.g., comfortable seating, good lighting, sufficient workspace, adequately ventilated, free of distractions). For paper-based administrations, there must be at least three feet between students and students cannot be facing each other or in seating (stadium or staggered) that allows them to easily view other students' answers.
- \_\_\_ 11. I have reviewed the sample test administration manual (**Attachment F**) and understand the expectations, policies, and procedures for testing. I have also included the signature page in this application.
- \_\_\_ 12. For all administrations at my school, my school testing staff and I will read the appropriate manual(s) and any additional instructions from FDOE and the school district. We agree to follow all instructions.
- \_\_\_ 13. If approved to participate, I confirm that the school will uphold the following testing policies and will make students and parents/guardians aware of these policies:

\_\_\_(13a) **ELECTRONIC DEVICES POLICY:** If students are found with ANY electronic devices during testing or during a break, their tests will be invalidated.

\_\_\_(13b) **DISCUSSING TEST CONTENT AFTER TESTING:** If students are found sharing information about test items, even without the intent to cheat, their tests will be invalidated. This includes any type of electronic communication, such as texting, emailing, or posting to social media, blogs, or websites.

\_\_\_(13c) **LEAVING CAMPUS:** If students leave campus before completing a test session (for lunch, an appointment, or illness, etc.), they WILL NOT be allowed to complete the test. If a student does not feel well on the day of testing, it may be best for the student to wait and be tested on a make-up day.

\_\_\_(13d) **TESTING RULES ACKNOWLEDGMENT:** To help ensure test security and remind students of actions that may result in test invalidation, the test administrator reads the testing rules in the administration script at the beginning of a test session, and students then sign below a Testing Rules Acknowledgment that reads: "I understand the testing rules that were just read to me. If I do not follow these rules, my test score may be invalidated."

- \_\_\_ 14. I agree that my school has a secure location to store test materials before, during, and after testing. This secure location must remain locked, and no more than three people may have access to the location.

(14a) Describe your school's locked storage (e.g., a locked file cabinet in the principal's office) and list the three people who have access to this locked storage.

Description of Locked Storage	Names of Up to Three People Who Have Access

- \_\_\_ 15. I understand and, if approved to participate, will ensure that all school personnel, regardless of whether they assist in the test administration, understand that the following activities are prohibited.  
**Inappropriate actions by school or district personnel can result in student or classroom invalidations and/or the loss of teaching certification.**

Prohibited activities include, but are not limited to, the list below (initial by each):

- \_\_\_(15a) reading the passages or test items before, during, or after testing
  - \_\_\_(15b) revealing the passages or test items
  - \_\_\_(15c) copying the passages or test items
  - \_\_\_(15d) explaining or reading passages or test items for students
  - \_\_\_(15e) changing or otherwise interfering with student responses to test items
  - \_\_\_(15f) copying or reading student responses
  - \_\_\_(15g) causing achievement of schools to be inaccurately measured or reported
- \_\_\_ 16. I will notify the district assessment office and/or FDOE, as appropriate, of any security breach or suspected misconduct related to testing.
- \_\_\_ 17. In the event of any security breach or suspected misconduct related to testing, I will comply with the school district, FDOE, and law enforcement in any investigations. An investigation may include, but is not limited to, searches and interviews at the site and access to files.
- \_\_\_ 18. I understand that student results are subject to analysis and data forensics in order to uphold the fairness and validity of the assessment. (The assessment contractor analyzes responses for anomalies, such as an improbably high incidence of similarity among responses in a testing group, an unusual number of erasures, and substantial gains or losses between administrations.) If student scores are found to be anomalous, I understand that student scores will be withheld and will not be reported.
- \_\_\_ 19. I understand that only students who regularly use certain accommodations in the classroom as part of a documented educational plan may be provided allowable accommodations on statewide assessments. (For a description of allowable accommodations on statewide assessments, refer to **Attachment G.**) I also understand that a limited amount of materials are available for paper-based accommodations and have entered accurate numbers in the testing chart in this application (see item 27 below). I have also included the signature page in this application.

(19a) Describe the types of accommodations offered to students at your school (e.g., extra time, flexible setting). Also include any accommodated materials, such as large print or braille documents or screen readers, that are used by students at your school who would participate in the statewide assessments.

Description of Accommodations:

- \_\_\_ 20. I agree that my school will assign a certified educator to serve as the school assessment coordinator. This person will be responsible for all of the following (initial by each):
- \_\_\_(20a) attending the district training
  - \_\_\_(20b) complying with all district instructions
  - \_\_\_(20c) following all district testing policies and procedures
  - \_\_\_(20d) communicating policies and procedures to private school staff

- \_\_\_(20e) ensuring that students and parents/guardians are aware that the school will participate in Florida’s statewide assessments
- \_\_\_(20f) training certified educators as test administrators for each testing room
- \_\_\_(20g) training and assigning proctors for each testing room (proctors do not handle test materials)
- \_\_\_(20h) retrieving test materials from the district
- \_\_\_(20i) storing test materials in a secure location
- \_\_\_(20j) returning test materials, packaged as shown in the test administration manual, to the district per the schedule provided by the district
- \_\_\_(20k) following all instructions outlined in the test administration manual, provided by the district, and provided by FDOE

\_\_\_ 21. Identify the person currently proposed to serve as the school assessment coordinator in 2016-17. The Department reserves the right to contact this person to confirm that this person is willing to serve in this capacity.

Name and Contact Information:

\_\_\_ 22. I agree that my school is aware of and will sign all of the necessary security agreements provided in **Attachment H** and will comply with the security measures defined therein. I have also included the signature page in this application.

## Computer-Based Assessments

**My school is applying to administer computer-based assessments (grades 3–10 ELA, grades 4–10 Mathematics, and/or End-of-Course assessments) in 2016-17. Yes  No**

**Please note: The assessment vendor for 2016-17 NGSSS assessments (Biology 1, Civics, and U.S. History EOCs; Grades 5 and 8 Science) has not been determined. The FDOE website will be updated with more information about the selected vendor selected as soon as that information is available.**

**If your school is applying to administer paper-based assessments only (grade 3 Mathematics, grades 5 and 8 Science), skip to item 26.**

\_\_\_ 23. I confirm that my school has adequate testing rooms that are suitable for testing (e.g., comfortable seating, good lighting, sufficient workspace, adequately ventilated, free of distractions). For computer-based test administrations, sufficient workspace should be provided for students to use planning sheets, work sheets, and work folders (provided blank pages to plan writing responses, take notes, and/or work mathematics problems). Students must not be able to easily view other students’ computer or device screens or materials. If necessary, use visual blocks (e.g., file folders taped to the sides of computer screens).

\_\_\_ 24. I agree that my school will assign a technology coordinator. Instructions will be provided for most of the tasks, but a basic knowledge of the school’s network and technology are essential. This person will be responsible for all of the following (initial by each):

- \_\_\_ (24a) attending the district training
- \_\_\_ (24b) complying with all district instructions
- \_\_\_ (24c) following all district testing policies and procedures
- \_\_\_ (24d) communicating these policies and procedures to private school staff

- \_\_\_ (24e) analyzing the school’s infrastructure to ensure it can handle computer-based testing
- \_\_\_ (24f) ensuring that all computers meet the minimum specifications for computer-based testing
- \_\_\_ (24g) installing the test client on each computer or on the network
- \_\_\_ (24h) conducting an infrastructure trial to test the school’s infrastructure
- \_\_\_ (24i) during testing, resolving any issues that arise
- \_\_\_ (24j) following all instructions outlined in the test administration manual and technology coordinator resources provided by the district and by FDOE

\_\_\_ 25. I agree that my school has a sufficient number of computers that meet the current minimum specifications (**Attachment I**) to test all students within the testing window identified by FDOE and by my district. In question 27, please note the vendor and mode for the assessment(s) you select and confirm your computers/devices against the applicable requirements.

(25a.) Describe the ability of your school to participate in computer-based testing by providing the number of computers that meet the minimum specifications for the appropriate vendor(s) and what technology preparations will be put in place to ensure a successful testing experience.

**Description of Computer-Based Readiness:**

Assessments	Assessment Vendor	Number of Computers That Meet Minimum Specifications
Florida Standards Assessments (FSA) ELA (grades 3–10), Mathematics (grades 3–8), and Algebra 1, Geometry, and Algebra 2 EOCs	AIR	<span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span>
Statewide Science Assessment (grades 5 and 8), Biology 1, Civics, and U.S. History EOCs	TBD	<span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span>

Each vendor has an infrastructure trial test to ensure the school can run the testing platform. Depending on the assessments you are applying to administer, you are required to conduct one or both infrastructure trial tests prior to testing (if accepted to the program) to verify that your network can successfully administer the computer-based test(s) specified. **School districts are not responsible for providing technical support to private schools. Private schools are responsible for verifying they meet technical specifications and can support the testing platform(s).**

**FSA English Language Arts, Mathematics, and Algebra 1, Algebra 2, and Geometry EOCs:**

Refer to the infrastructure trial guide and current technical requirements at <http://www.fsassessments.org/technology-resources/>. The infrastructure trial test also requires a secure browser, which may be downloaded at <http://www.fsassessments.org/technology-resources/browsers/>. For a username for TIDE, which is the system used to register and manage students for computer-based FSA assessments, please contact [FLDOE.Assessment@fldoe.org](mailto:FLDOE.Assessment@fldoe.org).

**Statewide Science Assessment and Biology 1, Civics, and U.S. History EOCs:**

When a vendor is selected for these assessments, information regarding an infrastructure trial will be made available on the Department’s website.

**End of Computer-Based Assessments Section**

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- \_\_\_ 26. If approved to participate, I understand that I must work with the school district to receive my school's secure test materials before testing and to return them after testing, and that this may involve retrieving materials from and returning them to a location specified by the district.
- \_\_\_ 27. I have identified the assessment(s) that we would like to administer at our school in 2016-17 and the projected number of participating students in column 27a in the table on the following page. *I understand that testing slots are limited, and while there may be small fluctuations between these projected numbers and the actual numbers at the time of testing, any fluctuation beyond a few students in each subject must be approved by FDOE.*

For each test the school plans to administer, provide the number of students who will participate in each administration in the table on the following page. Students may only participate in grade-appropriate subject tests. (For example, use this year's grade 4 class to estimate the number of grade 5 students.)

**Enter "0" if your school will not offer the grade/subject assessment.** Please be aware that FDOE will compare these numbers to the annual private school survey for accuracy. **In addition, all schools must provide details about any paper-based accommodations required for students. If approved to participate, you will be required to provide supporting documentation demonstrating the need for the paper accommodations.**

Please note that the FSA ELA Writing Component is a portion of the ELA assessment. A school administering the FSA ELA assessment in grades 4–10 (grade 3 does not have a writing component) will automatically be enrolled in both the FSA ELA Writing Component and the FSA ELA Reading Component. Students **MUST** participate in both components to receive an FSA ELA score.

**Apply to administer only those assessments that are appropriate for student populations at your school (e.g., lower grades schools should not apply to administer EOCs). If approved to participate, those assessments **MUST** be administered to all students in that grade level/subject at your school (e.g., if approved to administer grade 7 ELA, **ALL** grade 7 students must participate in both components of the grade 7 ELA assessment).**



Administration Window*	Vendor	Mode**	Administration/Grade/Subject	(27a) Projected Number of Students to Participate	(27b) Projected Number of Students Requiring Accommodations (large print, braille, one-item-per-page)
September 2016	AIR	Computer	Fall 2016 Algebra 1 EOC		
September 2016	AIR	Computer	Fall 2016 Geometry EOC		
September 2016	AIR	Computer	Fall 2016 Algebra 2 EOC		
September 2016	TBD	Computer	Fall 2016 U.S. History EOC		
September 2016	TBD	Computer	Fall 2016 Biology 1 EOC		
September 2016	TBD	Computer	Fall 2016 Civics EOC		
November–December 2016	AIR	Computer	Winter 2016 Algebra 1 EOC		
November–December 2016	AIR	Computer	Winter 2016 Geometry EOC		
November–December 2016	AIR	Computer	Winter 2016 Algebra 2 EOC		
November–December 2016	TBD	Computer	Winter 2016 U.S. History EOC		
November–December 2016	TBD	Computer	Winter 2016 Biology 1 EOC		
November–December 2016	TBD	Computer	Winter 2016 Civics EOC		
March 2017	AIR	Paper	Spring 2017 Grade 3 English Language Arts		
April–May 2017	AIR	Computer	Spring 2017 Grade 3 Mathematics		
April–May 2017	AIR	Computer	Spring 2017 Grade 4 English Language Arts (including paper-based Writing Component in Feb-March)		
April–May 2017	AIR	Computer	Spring 2017 Grade 4 Mathematics		
April–May 2017	AIR	Computer	Spring 2017 Grade 5 English Language Arts (including paper-based Writing Component in Feb-March)		
April–May 2017	AIR	Computer	Spring 2017 Grade 5 Mathematics		
April–May 2017	TBD	Paper	Spring 2017 Grade 5 Science		
April–May 2017	AIR	Computer	Spring 2017 Grade 6 English Language Arts (including paper-based Writing Component in Feb-March)		
April–May 2017	AIR	Computer	Spring 2017 Grade 6 Mathematics		
April–May 2017	AIR	Computer	Spring 2017 Grade 7 English Language Arts (including paper-based Writing Component in Feb-March)		
April–May 2017	AIR	Computer	Spring 2017 Grade 7 Mathematics		
April–May 2017	AIR	Computer	Spring 2017 Grade 8 English Language Arts (including computer-based Writing Component in Feb-March)		
April–May 2017	AIR	Computer	Spring 2017 Grade 8 Mathematics		
April–May 2017	TBD	Paper	Spring 2017 Grade 8 Science		
April–May 2017	AIR	Computer	Spring 2017 Grade 9 English Language Arts (including computer-based Writing Component in Feb-March)		
April–May 2017	AIR	Computer	Spring 2017 Grade 10 English Language Arts (including computer-based Writing Component in Feb-March)		
April–May 2017	AIR	Computer	Spring 2017 Algebra 1 EOC		
April–May 2017	AIR	Computer	Spring 2017 Geometry EOC		
April–May 2017	AIR	Computer	Spring 2017 Algebra 2 EOC		
April–May 2017	TBD	Computer	Spring 2017 U.S. History EOC		
April–May 2017	TBD	Computer	Spring 2017 Biology 1 EOC		
April–May 2017	TBD	Computer	Spring 2017 Civics EOC		
July 2017	AIR	Computer	Summer 2017 Algebra 1 FSA EOC		
July 2017	AIR	Computer	Summer 2017 Geometry FSA EOC		
July 2017	AIR	Computer	Summer 2017 Algebra 2 FSA EOC		

<b>Administration Window*</b>	<b>Vendor</b>	<b>Mode**</b>	<b>Administration/Grade/Subject</b>	<b>(27a) Projected Number of Students to Participate</b>	<b>(27b) Projected Number of Students Requiring Accommodations (large print, braille, one-item-per-page)</b>
July 2017	TBD	Computer	Summer 2017 U.S. History EOC		
July 2017	TBD	Computer	Summer 2017 Biology 1 EOC		
July 2017	TBD	Computer	Summer 2017 Civics EOC		

\* Administration windows are approximate. The district will provide the actual administration windows for each assessment. To reduce the risk of item exposure, all schools within a district must take the same test according to the same schedule.

\*\* In order to participate in a computer-based administration, the school must have a sufficient number of computers to test all students within the testing window. Refer to the computer-based testing specifications (Attachment I). A limited quantity of paper materials is available for eligible students with paper-based accommodations. Schools will be required to provide supporting documentation for paper-based accommodations. An insufficient number of computers does not qualify a school to order paper-based materials.

I hereby confirm that the information provided in this application is accurate. I understand that any falsification of information, non-compliance with the FTC Scholarship Program or PLSA Program, or failure to meet the established deadlines will result in removal from consideration for approval to participate in the statewide assessment program.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Position)

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**NOTARY PUBLIC SECTION**

STATE OF FLORIDA, County of \_\_\_\_\_

Sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(name of person making statement).

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name of Notary Public)

(NOTARY SEAL)

Personally Known\_\_\_\_ OR Produced Identification\_\_\_\_

Type of Identification Produced\_\_\_\_\_

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**Remember to attach the following signature pages:**

- **Attachment A:** Section 1002.395, F.S., and Section 1002.385, F.S.
- **Attachment B:** Test Security Policies and Procedures
- **Attachment C:** Florida Test Security Statute, Section 1008.22, F.S. and State Board of Education Test Security Rule 6A-10.042, F.A.C.
- **Attachment D:** 2016-17 Test Administration Schedule
- **Attachment E:** Frequently Asked Questions about Certified Educators
- **Attachment F:** FSA Computer-Based Test Administration Manual
- **Attachment G:** Appendix A (Accommodations) of the FSA Computer-Based Test Administration Manual
- **Attachment H:** Security Forms Packet
- **Attachment I:** Minimum Specifications for the Computer-Based Assessments (AIR)

**Before submitting your application, please ensure you have filled out each question completely by referring to the checklist on the following page. Incomplete applications will not be considered.**

**Application Checklist:**

- \_\_\_ 1. I have completed the Private School Information Section.
- \_\_\_ 2. I have provided my initials next to each statement (#1-#27) to indicate my agreement or understanding.
- \_\_\_ 3. I have provided a thorough narrative for each question that requires elaboration.
  - Question 3a Described our school’s communications with our staff regarding this program
  - Question 4a Described our school’s communications with our parents/guardians regarding this program
  - Question 5a Listed the expected number of FTC Scholarship students enrolled at my school in 2016-17
  - Question 5b Listed the expected number of PLSA students enrolled at my school in 2016-17
  - Question 8a Provided the names and certification numbers of all certified teachers at my school
  - Question 14a Described my school’s secure, locked storage and listed the three individuals who will have access
  - Question 19a Described all of the accommodations offered to students at my school
  - Question 21 Identified the proposed school assessment coordinator for my school
  - Question 25 Provided the number of computers that meet specifications
  - Question 27 Identified each assessment my school would like to administer, including the projected number of students and needed accommodations
- \_\_\_ 4. I have signed each of the required signature pages (Attachments A-I) and included them with my application.
- \_\_\_ 5. I have completed the signature and notary section on page 11 of the application.

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**FOR FDOE USE ONLY**

Eligibility

\_\_\_ Application is complete and is approved to move forward for consideration.

Evaluated by \_\_\_\_\_ Date \_\_\_\_\_

Application Decision

\_\_\_ Approved

\_\_\_ Denied Reason \_\_\_\_\_

Entered by \_\_\_\_\_ Date \_\_\_\_\_