

## **MOUNT PEARL SENIOR HIGH**

### **ALTERNATE TESTING FORM**

In order to adequately prepare to help students with testing accommodations students who require help are asked to complete this form and submit it to your student services teacher contact or Room 102 as soon as you receive notification of a test or at least 3 days prior to a test.

**NAME:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_

**DATE OF TEST:** \_\_\_\_\_

**PERIOD:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

This form is used by students who are diagnosed with an exceptionality and are approved for accommodations through the Student Support Services Department.

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