

TESTING NOTIFICATION 2018-2019

We invite all homeschooled students in the Bettendorf Community School District to participate in the annual Iowa Assessments. The assessment is provided at no cost. If you are interested in testing your student, please complete this **Testing Notification** portion below and return to Bettendorf Community School District.

Here are the annual assessment requirements:

REQUIRED to test

- **Instruction by a non-licensed person and dual enrolled.** If you are dual enrolled with the district and do NOT participate in the Home School Assistant Program (HSAP) through the AEA or are not under the supervision of a licensed practitioner, you **MUST** take the Iowa Assessments. This is of particular importance for students dual enrolled in our **sports** programs as it provides the documentation we need to demonstrate **eligibility**.

MAY test but not required

- Instruction by or under the supervision of a licensed practitioner; not dual enrolled.
- Instruction by or under the supervision of a licensed practitioner; dual enrolled.
- Instruction by a non-licensed person; not dual enrolled.

Testing will be available at the Mississippi Bend AEA or Bettendorf Schools. Notification is required for either site. The AEA tests in November. Accommodations are not provided at the AEA testing site. Bettendorf Schools test grades 9-11 in November and grades 3-8 in February. Specific dates and times will be provided to you as they are determined.

Standardized Test

1. Please check one.

_____ Baseline, a "Baseline evaluation" is an option in the first year of home schooling for all children who elect the annual assessment option under Option 2 who are between the ages of 7 and 15, inclusive. **(Scores are recorded only, and not used to determine academic progress.)**

_____ Annual assessment (Iowa Assessments)

2. Grade level of child for the 2018-2019 school year _____
3. Who do you want to administer the test? School District _____ Area Education Agency _____
4. Student's name, Parent/guardian/legal or actual custodian, address, and telephone number:

(Student's name)

If you have more than one student, please add name(s) in this space:

(Parent/guardian/legal or actual custodian's name)

(Phone number)

(Address)

(City/State/ZIP)

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Mississippi Bend Area Education Agency Contact
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