

Spackenkill Union Free School District
Poughkeepsie, NY



**PARENT REQUEST FORM
FOR TESTING INFORMATION (GRADES 3-8)**

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

I am requesting:

- a review of my student's responses to constructed-response questions in the 2016 ELA Test Book 2 and Book 3 and Mathematics Test Book 3
- to read the passages associated with the constructed-response questions for the 2016 ELA tests
- a copy of my student's constructed-response test books

Signed:

Parent/Guardian

Date

FOR OFFICE USE ONLY:

Received in person, ID checked, and guardianship verified:

by _____

Appointment scheduled with _____

for _____ @ _____