



# ROUND ROCK

## INDEPENDENT SCHOOL DISTRICT

Request to use a substitute assessment to meet STAAR EOC graduation requirements

Date \_\_\_\_\_

Student name \_\_\_\_\_

RRISD student number \_\_\_\_\_

Campus \_\_\_\_\_

Campus Testing Coordinator \_\_\_\_\_

I request the use of \_\_\_\_\_ assessment as a substitute for the following  
STAAR End of Course exam (circle one)

Algebra I      Biology      English I      English II      US History

Please initial to indicate your understanding.

\_\_\_\_\_ I have attached a copy of the original score report from the qualifying exam.

\_\_\_\_\_ This copy of my student's score report will not be returned to me. It will be retained by the District in case of an audit by the Texas Education Agency.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent email \_\_\_\_\_

Parent phone \_\_\_\_\_