



Adult Basic Education Permission/Approval for HSEC Testing

Hours logged in ABE: _____

Date: _____	Instructor: _____	Site: _____
Name of Student: _____		D.O.B. _____
S.S. #: _____	Address: _____	Phone: _____
Age Waiver:	Date submitted: _____	Approved: _____
<input type="checkbox"/> Not applicable		
Accommodations:	Requested for: _____	Type: _____
<input type="checkbox"/> Not applicable	Approval received: <input type="checkbox"/> Yes <input type="checkbox"/> No	

HSE Official Practice Test:				RETEST Information		
	Score	Form Used	Date of Test	Score	Form Used	Date
Language Arts: Reading						
Language Arts: Writing						
Science						
Math						
Social Studies						
Average Score						

Signed by: _____
Signature of ABE Instructor Date

HISE Testing Center Test Site: _____

Name of Examinee: _____

Official Test Scores

	Standard Scores	Percentile Rank	Date of Test
Test #1: Language Arts Writing	_____	_____	
Test #2: Language Arts Reading	_____	_____	
Test #3: Mathematics	_____	_____	
Test #4: Science	_____	_____	
Test #5: Social Studies	_____	_____	

Passed
 Failed Average Score: _____

By signing below, I hereby give the HSE examiner at _____ my permission to share these test scores and score report with the ABE instructor and/or program at Eastern Wyoming College.

Student Signature Date

Signature (GED examiner) _____ Date _____

Scores Reported to: _____
 (ABE instructor's name)