

FAIRFIELD LUDLOWE HIGH SCHOOL
 Office for Pupil Services and Counseling
 785 Unquowa Road
 Fairfield, CT 06824-5064
 Phone: 203-255-7232 Fax: 203-255-7244
<http://fairfieldschools.org/schools/flhs/>



Vanessa Montorsi, Director of Pupil Services and Counseling
 Julie Delmonico, Administrative Assistant

Dear Parent/Guardian,

You are receiving this letter because College Board has approved for your child to receive **50% extended time** on the PSAT School Day administration. This means your child will receive **4 hours and 34 minutes** to complete the PSAT, instead of 2 hours and 55 minutes. They must remain in the testing room for the entire 4 hours and 34 minutes to receive this accommodation.

On October 10, 2018, all students who are testing with 50% extended time will report to an assigned room (signs will be posted and students will receive a pass). Testing will occur from 7:30 a.m.-1:30 p.m. with minimal breaks (see schedule below). Students with 50% extended time are strongly encouraged to **bring a snack** to eat during break as they will not be served lunch.

Once again, students testing with extended time must **remain in the testing room for the entire time** they are allotted. If your child does not want to test with their accommodations and you are in agreement, please sign the bottom of this form to opt your child out of testing with accommodations for the October 10, 2018 PSAT School Day administration. Please return this form to room 266 by Wednesday, October 3.

50% Extended Time Schedule	Reading	Writing & Language	Math No Calculator	Math Calculator	Total PSAT (including breaks)
	45 minutes	53 minutes	38 minutes	34 minutes	4 hours 34 minutes
5 minute break	5 minute break	5 minute break	5 minute break	5 minute break	
45 minutes				34 minutes	
5 minute break					

If you have additional questions regarding the PSAT School Day administration or questions regarding your child's accommodations, please contact your child's school counselor.

Best Regards,

Vanessa

Vanessa Montorsi
 Director of Pupil Services & Counseling

I _____ would like to opt my child _____
(parent first/last name) (child first/last name)

out of testing with accommodations for the October 10, 2018 PSAT School Day administration.

(parent signature)