

FSA/FSAA/End-of-Course Exam Waiver Data Input

St. Lucie Public Schools

Student Name: _____ ID: 56_____

School: _____ Grade: _____ Primary Exceptionality: _____

Circle One: FSA FSAA

Subject	(70%) Course Grade: Semester 1	(30%) EOC Test Letter Grade	FINAL S1(EOC) EOC Semester Grade Calculated (from conversion calculator)	(70%) Course Grade: Semester 2	(30%) EOC Test Letter Grade	FINAL S2 (EOC) EOC Semester Grade Calculated (from conversion calculator)	Date of Waiver Meeting (if needed)	Waiver Granted (Y, N, or N/A)	*(see below)	
									If excluding EOC, use teacher-given grades only.	S1
ELA Grade 10										
EOC Algebra 1										
EOC Geometry										
EOC Biology										
EOC US History										

*EOC will be excluded if: It's determined the student is taking the course the following year and/or if excluding the EOC negatively affects the final grade.

ESE Specialist Signature: _____ Date: _____

Data Specialist Signature: _____ Date: _____