



CHSPE

California High School
Proficiency Examination

CHSPE Office
Sacramento County Office of Education
P O Box 269003
Sacramento CA 95826-9003

Dear CHSPE Examinee:

You have requested information about having your results on the California High School Proficiency Examination (CHSPE) verified. This letter describes how the CHSPE is scored, and provides information about requesting a verification of your results.

The multiple-choice portions of the CHSPE are scored by a computer system in a process that is virtually error free. The essay is scored by trained readers using the CHSPE scoring scale following strict scoring procedures. At least two readers independently score each essay.

If you did not pass one or both sections of the CHSPE, however, and if you believe that your CHSPE results do not accurately reflect your performance, you may request that your results be verified. To do so, complete and mail to the Sacramento County Office of Education (SCOE) the enclosed CHSPE Results Verification Request Form with the proper payment. The fee is \$25 for either the Mathematics section only or the Reading subtest only, or \$35 for the Language subtest only. The fee must be paid by cashier's check or money order payable to the *California Department of Education*. Requests must be complete and be received by SCOE within three months of the test date. You may only request verification for a specific portion of the test once. Telephoned, faxed, or e-mailed requests will not be accepted. If the request form is not signed by the examinee, or if proper payment is not included, the form will be returned unprocessed.

Upon receipt of the Results Verification Request Form and payment, your CHSPE performance will be reviewed. Your responses to the multiple-choice questions within the portions of the test you asked to be verified will be scored by hand. For the Language subtest, two senior readers will review your essay to verify the score it received is appropriate.

Notification of the outcome of the review will be mailed to you within three weeks of receipt of your request. Results will not be provided by telephone. If, as a result of the review, your results on a section for which you requested verification change from "not pass" to "pass," you will be sent a revised score report and your cashier's check or money order. (Keep the receipt for your cashier's check or money order; you may need it to change your returned check or money order back to cash.) If, as a result of the review, you have passed both CHSPE sections, you will be issued a Certificate of Proficiency, and, if you attend public school in grade 12 or below, your name will be added to the roster of passing examinees sent to your district superintendent of schools. If the review does not result in a change from "not pass" to "pass," you will be so notified.

Questions about the CHSPE results verification service should be directed to SCOE at (866) 342-4773 (toll-free).



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Results Verification Request Form

Complete this form to request verification of your CHSPE results.

- Please Note: • Requests must be received within three months of the test date.
• Telephoned, faxed, and emailed requests will not be accepted.
• Payment must accompany this request. Requests received without proper payment will be returned unprocessed.
• Your results for a specific test date will only be verified once.

PLEASE PRINT ALL INFORMATION BELOW

1. CHSPE I.D. #

2. Name (Please print name clearly, exactly as printed on score report.)

Last Name First Name M.I.

3. Date of Birth / / Month Day Year

4. Gender M F

5. Home telephone: Area Code -

6. E-mail: _____

7. Mailing Address (Please print clearly.)

_____ Apt. _____
Address

_____ State _____ ZIP Code _____
City

8. Test Date when you took the test: _____

9. Test Location where you took the test: _____
Location Name

10. Fees and Payment: Indicate the fee that applies to you. \$25 Mathematics section only \$25 Reading subtest only
 \$35 Language subtest only

11. Signature If this form is not signed by the examinee, it will be returned unprocessed.

Signature _____ Date _____

Your request must be received within three months of the test date or it will not be processed

PAYMENT:

Enclose a cashier's check or money order made payable to:
California Department of Education. Incomplete forms or forms
received without fees will be returned to the requester.
CASH, PERSONAL CHECKS, DEBIT AND CREDIT CARDS
ARE NOT AN ACCEPTABLE METHOD OF PAYMENT.

SEND COMPLETED FORM AND PAYMENT TO:

Sacramento County Office of Education
ATTN: CHSPE Records Request
P.O. Box 269003
Sacramento, CA 95826