



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 section of the CHSPE is 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 the Mathematics section only, \$35 for the English-language Arts section only, or \$50 for both. The fee must be paid by cashier's check or money order payable to the *California Department of Education*. Requests must be received by SCOE within three months of the test date and you may only request verification for a specific test section and date 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 on the Mathematics and/or English-language Art section will be scored by hand. For the English-language Arts section, a senior reader will review your essay.

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).



Results Verification Request Form

Complete this form to request verification of your CHSPE results.

- Please note:
- Request must be postmarked 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

CHSPE ID #

Name: (Please print clearly, exactly as printed on your score report.)

Last Name

First Name

Middle Initial

Date of Birth: / /

Month

Day

Year

Daytime Phone: Fax:

Area Code

Area Code

E-mail:

Mailing Address: (Please print clearly.)

P.O. Box or Street Address

City

State

ZIP Code

Test Date when you took the test:

October 18, 2008 March 21, 2009 June 20, 2009

Fees and Payment: Indicate the fee that applies to you:

\$25 Mathematics section only \$35 English-language arts section only \$50 Both sections

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

I certify that the information provided on this form is accurate to the best of my knowledge and that I am the person whose name and signature appear on this form. I have read and am familiar with the processes governing the CHSPE as they appear in the Information Bulletin. I understand that incomplete, inaccurate, or missing information on this form may delay or jeopardize my registration or results.

Signature of Examinee (required) _____ Date _____

Your request must be postmarked 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/OR CREDIT CARDS ARE NOT ACCEPTABLE METHODS OF PAYMENT.

SEND COMPLETED FORM AND PAYMENT TO:

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