

# **the clinic for academic therapy**

4545 Bissonnet, Suite 215  
Bellaire, Texas 77401  
713/ 666-9343

July 1, 2010

## **HSPT WORKSHOP**

The Clinic for Academic Therapy is pleased to offer a class to prepare students for the High School Placement Test (HSPT).

The class will provide students strategies for taking the test and content enrichment to help them to improve both their skills and confidence. This workshop will prepare students for the late January test date here in Houston.<sup>1</sup>

The workshop will begin November 12<sup>th</sup> and run through January 21<sup>st</sup>, 2012. Classes will be three hours long and will be held on the following Saturdays. Classes will begin at 3PM and end at 6:30PM, with the exception of the first class, which will go until 7:00 to accommodate an initial practice test.

Classes will cover the following:

11/12/11	Session 1:	Diagnostic Test and Test Overview
11/19/11	Session 2:	Quantitative and Verbal Skills
12/3/11	Session 3:	Verbal and Reading Skills
12/10/11	Session 4:	Mathematics Skills
1/14/12	Session 5:	Language Expression Skills
1/21/12	Session 6:	Review

The course will be offered for \$625 per student including materials.

If you are interested, please e-mail Caroline Christensen at [tutor1@comcast.com](mailto:tutor1@comcast.com) to reserve a spot and return the attached registration page to The Clinic for Academic Therapy with payment to guarantee a place in the class for your child.

Classes will be limited to 10 students, so please get your registration in as soon as possible. Classes will be taught by Caroline Christensen, BA, MSOT.

If you have any questions, please contact Caroline Christensen at 713.666.9343 extension 4 or 713.256.7701.

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<sup>1</sup> Please be advised that you must sign your child up at a school that is administering the actual test.

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**Registration Deadline: Monday, October 31, 2011**

You may register after the deadline if space is available but a \$10 fee will apply.

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**HSPT Workshop Registration Form**

*PLEASE PRINT*

Student Name: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check enclosed for \$625

Please make checks payable to the **Clinic for Academic Therapy**

Please drop off or mail to

**The Clinic for Academic Therapy  
Attention: HSPT Preparation Registration  
4545 Bissonnet, Suite 215  
Bellaire Texas 77401**