

Test Center Number _____

Test Center Name _____

1st Test Date ____ / ____ / ____

List of examinees taking the TASC™ test during this test session.

#	Last Name	First Name	DOB (mm/dd/yyyy)	Test Form Assigned by Scheduling System					Appendix H	Age 16, 17, 18 EC Code	5-Digit Prep Code	T-TAF*
				Writing	Social Studies	Science	Reading	Math				
11.									<input type="checkbox"/>		<input type="checkbox"/>	
12.									<input type="checkbox"/>		<input type="checkbox"/>	
13.									<input type="checkbox"/>		<input type="checkbox"/>	
14.									<input type="checkbox"/>		<input type="checkbox"/>	
15.									<input type="checkbox"/>		<input type="checkbox"/>	
16.									<input type="checkbox"/>		<input type="checkbox"/>	
17.									<input type="checkbox"/>		<input type="checkbox"/>	
18.									<input type="checkbox"/>		<input type="checkbox"/>	
19.									<input type="checkbox"/>		<input type="checkbox"/>	
20.									<input type="checkbox"/>		<input type="checkbox"/>	
21.									<input type="checkbox"/>		<input type="checkbox"/>	
22.									<input type="checkbox"/>		<input type="checkbox"/>	
23.									<input type="checkbox"/>		<input type="checkbox"/>	
24.									<input type="checkbox"/>		<input type="checkbox"/>	
25.									<input type="checkbox"/>		<input type="checkbox"/>	
26.									<input type="checkbox"/>		<input type="checkbox"/>	
27.									<input type="checkbox"/>		<input type="checkbox"/>	
28.									<input type="checkbox"/>		<input type="checkbox"/>	
29.									<input type="checkbox"/>		<input type="checkbox"/>	
30.									<input type="checkbox"/>		<input type="checkbox"/>	

***Coordinators/Examiners must send the following to NYSED within 5 days of the last day of testing: Attendance Sheet, Signature Cards, T-TAF (if applicable), Accommodations Approval Letter (if applicable), and Accommodations Waiver Form (if applicable).**

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31.									<input type="checkbox"/>		<input type="checkbox"/>	
32.									<input type="checkbox"/>		<input type="checkbox"/>	
33.									<input type="checkbox"/>		<input type="checkbox"/>	
34.									<input type="checkbox"/>		<input type="checkbox"/>	
35.									<input type="checkbox"/>		<input type="checkbox"/>	
36.									<input type="checkbox"/>		<input type="checkbox"/>	
37.									<input type="checkbox"/>		<input type="checkbox"/>	
38.									<input type="checkbox"/>		<input type="checkbox"/>	
39.									<input type="checkbox"/>		<input type="checkbox"/>	
40.									<input type="checkbox"/>		<input type="checkbox"/>	
41.									<input type="checkbox"/>		<input type="checkbox"/>	
42.									<input type="checkbox"/>		<input type="checkbox"/>	
43.									<input type="checkbox"/>		<input type="checkbox"/>	
44.									<input type="checkbox"/>		<input type="checkbox"/>	
45.									<input type="checkbox"/>		<input type="checkbox"/>	
46.									<input type="checkbox"/>		<input type="checkbox"/>	
47.									<input type="checkbox"/>		<input type="checkbox"/>	
48.									<input type="checkbox"/>		<input type="checkbox"/>	
49.									<input type="checkbox"/>		<input type="checkbox"/>	
50.									<input type="checkbox"/>		<input type="checkbox"/>	

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51.									<input type="checkbox"/>		<input type="checkbox"/>	
52.									<input type="checkbox"/>		<input type="checkbox"/>	
53.									<input type="checkbox"/>		<input type="checkbox"/>	
54.									<input type="checkbox"/>		<input type="checkbox"/>	
55.									<input type="checkbox"/>		<input type="checkbox"/>	
56.									<input type="checkbox"/>		<input type="checkbox"/>	
57.									<input type="checkbox"/>		<input type="checkbox"/>	
58.									<input type="checkbox"/>		<input type="checkbox"/>	
59.									<input type="checkbox"/>		<input type="checkbox"/>	
60.									<input type="checkbox"/>		<input type="checkbox"/>	
61.									<input type="checkbox"/>		<input type="checkbox"/>	
62.									<input type="checkbox"/>		<input type="checkbox"/>	
63.									<input type="checkbox"/>		<input type="checkbox"/>	
64.									<input type="checkbox"/>		<input type="checkbox"/>	
65.									<input type="checkbox"/>		<input type="checkbox"/>	
66.									<input type="checkbox"/>		<input type="checkbox"/>	
67.									<input type="checkbox"/>		<input type="checkbox"/>	
68.									<input type="checkbox"/>		<input type="checkbox"/>	
69.									<input type="checkbox"/>		<input type="checkbox"/>	
70.									<input type="checkbox"/>		<input type="checkbox"/>	

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71.									<input type="checkbox"/>			<input type="checkbox"/>
72.									<input type="checkbox"/>			<input type="checkbox"/>
73.									<input type="checkbox"/>			<input type="checkbox"/>
74.									<input type="checkbox"/>			<input type="checkbox"/>
75.									<input type="checkbox"/>			<input type="checkbox"/>
76.									<input type="checkbox"/>			<input type="checkbox"/>
77.									<input type="checkbox"/>			<input type="checkbox"/>
78.									<input type="checkbox"/>			<input type="checkbox"/>
79.									<input type="checkbox"/>			<input type="checkbox"/>
80.									<input type="checkbox"/>			<input type="checkbox"/>
81.									<input type="checkbox"/>			<input type="checkbox"/>
82.									<input type="checkbox"/>			<input type="checkbox"/>
83.									<input type="checkbox"/>			<input type="checkbox"/>
84.									<input type="checkbox"/>			<input type="checkbox"/>
85.									<input type="checkbox"/>			<input type="checkbox"/>
86.									<input type="checkbox"/>			<input type="checkbox"/>
87.									<input type="checkbox"/>			<input type="checkbox"/>
88.									<input type="checkbox"/>			<input type="checkbox"/>
89.									<input type="checkbox"/>			<input type="checkbox"/>
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92.									<input type="checkbox"/>		<input type="checkbox"/>	
93.									<input type="checkbox"/>		<input type="checkbox"/>	
94.									<input type="checkbox"/>		<input type="checkbox"/>	
95.									<input type="checkbox"/>		<input type="checkbox"/>	
96.									<input type="checkbox"/>		<input type="checkbox"/>	
97.									<input type="checkbox"/>		<input type="checkbox"/>	
98.									<input type="checkbox"/>		<input type="checkbox"/>	
99.									<input type="checkbox"/>		<input type="checkbox"/>	
100.									<input type="checkbox"/>		<input type="checkbox"/>	
101.									<input type="checkbox"/>		<input type="checkbox"/>	
102.									<input type="checkbox"/>		<input type="checkbox"/>	
103.									<input type="checkbox"/>		<input type="checkbox"/>	
104.									<input type="checkbox"/>		<input type="checkbox"/>	
105.									<input type="checkbox"/>		<input type="checkbox"/>	
106.									<input type="checkbox"/>		<input type="checkbox"/>	
107.									<input type="checkbox"/>		<input type="checkbox"/>	
108.									<input type="checkbox"/>		<input type="checkbox"/>	
109.									<input type="checkbox"/>		<input type="checkbox"/>	
110.									<input type="checkbox"/>		<input type="checkbox"/>	

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103.									<input type="checkbox"/>		<input type="checkbox"/>	
104.									<input type="checkbox"/>		<input type="checkbox"/>	
105.									<input type="checkbox"/>		<input type="checkbox"/>	
106.									<input type="checkbox"/>		<input type="checkbox"/>	
107.									<input type="checkbox"/>		<input type="checkbox"/>	
108.									<input type="checkbox"/>		<input type="checkbox"/>	
109.									<input type="checkbox"/>		<input type="checkbox"/>	
110.									<input type="checkbox"/>		<input type="checkbox"/>	
111.									<input type="checkbox"/>		<input type="checkbox"/>	
112.									<input type="checkbox"/>		<input type="checkbox"/>	
113.									<input type="checkbox"/>		<input type="checkbox"/>	
114.									<input type="checkbox"/>		<input type="checkbox"/>	
115.									<input type="checkbox"/>		<input type="checkbox"/>	
116.									<input type="checkbox"/>		<input type="checkbox"/>	
117.									<input type="checkbox"/>		<input type="checkbox"/>	
118.									<input type="checkbox"/>		<input type="checkbox"/>	
119.									<input type="checkbox"/>		<input type="checkbox"/>	
120.									<input type="checkbox"/>		<input type="checkbox"/>	

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