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| **TASC™ ATTENDANCE SHEET**  **(2016)** | **The New York State Education Department**  **High School Equivalency Office**  **89 Washington Avenue, Room 460 EBA**  **Albany, NY 12234** |

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| **Test Center Name** |  | | | **3-Digit Test Center #** |  | **1st Date of Testing** | | |  |
| **Test Center Address** |  | | | **TASC™ Coordinator or Examiner – Type Name** | | | | | |
| **Number of Examinees Tested** | **English** | **Spanish** | **Total** |  | | | | | |
|  |  |  | **TASC™ Coordinator or Examiner – Signature (In Blue Ink)** | | | | | |
| **Coordinator or Examiner Phone** | **( ) *-*** | | |  | | | | | |
| **Coordinator or Examiner E-Mail** |  | | | | | | **Test Mode** | **CBT  PBT** | |

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| **Eligibility Codes (EC) for 16, 17 and 18 year olds**  **(EC codes do not apply to anyone 19+ years old)** | | **Age on 1st Day of Test** | | | **Required Proof of Eligibility**  **(Keep at Test Center)** |
| **EC** | **Definition of EC Code** | **16** | **17** | **18** |
| 0 | Examinee is foreign born and never attended K-12 schools in the United States. |  | X | X | F |
| 1 | Examinee has been out of high school for a year. |  | X | X | B |
| 2 | Examinee was a member of a high school class that has graduated. |  | X | X | B |
| 3 | The examinee is enrolled in an Alternative High School Equivalency (ASHEP) Program.  (Note: The second digit of the ASHEP Preparation Code must be a four (4) or higher). | X | X | X | T-TAF  (send copy to NYSED) |
| 4 | The examinee has been accepted into the United States Armed Forces. | X | X | X | D |
| 5 | The examinee has been accepted into a college or post-secondary institution. | X | X | X | D |
| 6 | The examinee is enrolled in a Job Corps program. |  | X | X | D |
| 7 | The examinee is incarcerated or institutionalized. |  | X | X | E |
| 8 | The examinee is an adjudicated youth or is under the direction of a prison, jail, detention center, court, parole or probation office. |  | X | X | E |
| 9 | The examinee has been home schooled. | X | X | X | B |

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| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Coordinators or Examiners must send the following materials to NYSED within five (5) days of the last day of testing: Attendance Sheet, Signature Cards, T-TAF (if applicable),**  **Accommodations Approval Letter (if applicable), Accommodations Waiver Form (if applicable), and Appendix H-Incident/Irregularity Report (if applicable).** | | | | | | | | | | | | | |

Test Center Number  Test Center Name  1st Test Date **/       /**

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| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Test Center Number  Test Center Name  1st Test Date **/       /**

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| 36 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Test Center Number  Test Center Name  1st Test Date **/       /**

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| 61 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Test Center Number  Test Center Name  1st Test Date **/       /**

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Test Center Number  Test Center Name  1st Test Date **/       /**

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(01/06/2016)