

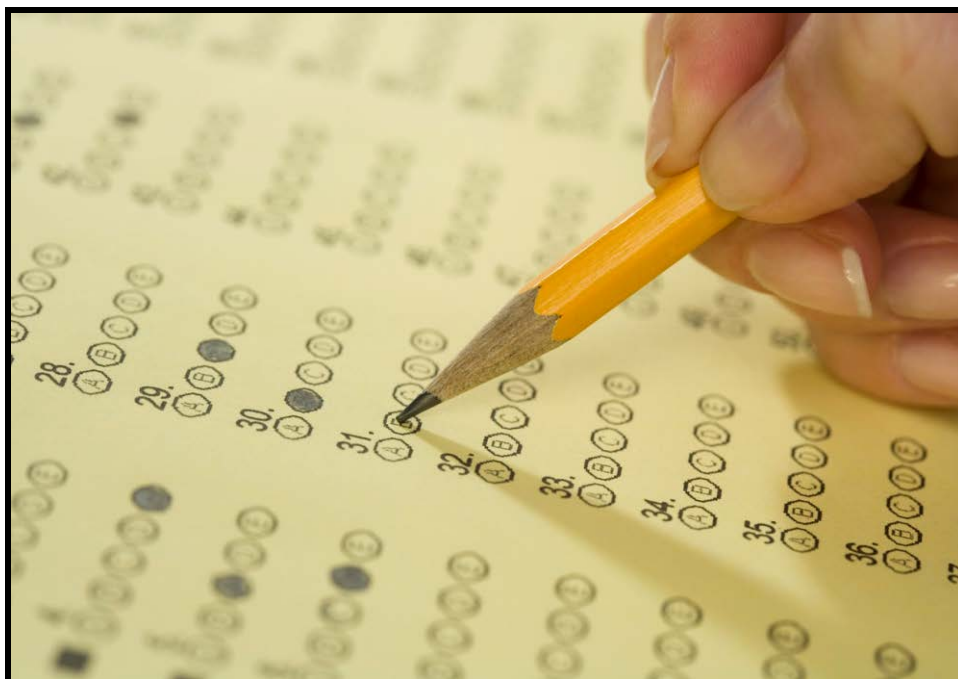


UNIVERSITY OF THE STATE OF NEW YORK
STATE EDUCATION DEPARTMENT



HIGH SCHOOL EQUIVALENCY TEST FORMS 2016

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**The New York State Education Department
High School Equivalency (HSE) Office
P.O. Box 7348
Albany, New York 12224-0348
(518) 474-5906
www.acces.nysed.gov/ged**

04/01/2016

Appendix H TASC™ Incident/Irregularity Report

Test Center Name		3-Digit Test Center #	
Center Address			
Date of Incident		Time of Incident	am pm
Name of Examinee		Time of Incident	am pm

TASC™ Coordinator:	TASC™ Examiner:
Printed Name:	Printed Name:
Signature: _____	Signature: _____
Telephone: - extension	Telephone: - extension

Description of the Test Materials Involved (if applicable):					
Subtest:	Mathematics	Writing	Science	Reading	Social Studies
Edition:	English	Spanish			
Test Format:	Standard Print	Braille	Audio CD	Large Print	
Test Form:	D	E	F		
Test Serial Number(s):					
Name(s) of Examinee(s) involved in the incident:					
Description of the Incident*:					
Reported to NYS Administrator?	Yes	No	If yes,	/	/
			Month	Day	Year
Time Reported					
Instructions Provided:					
Action(s) Taken:					
Reported to DRC/CTB?	Yes	No	If yes,	/	/
			Month	Day	Year
Time Reported					
Instructions Provided:					
Action(s) Taken:					
Was Incident Resolved?	Yes	No	If yes,	/	/
			Month	Day	Year
Time Reported					
How Resolved?					
Actions taken to ensure this will never happen again*					

High School Equivalency (HSE) Forms (2016)

Before Test Administration

Form	Form Name	Reason for Form	Where Form Gets Sent to	Form #
Staff Appointment Form (NYSED)	Official TASC™ Testing Center Staff Appointment Form	To apply to become a TASC™ Coordinator or Examiner.	Completed Appointment Form is sent by the test center to the HSE Office in Albany.	1
Appendix A (DRC/CTB)	TASC™ Security Checklist	Test Center staff inventory secure materials upon receipt from DRC/CTB using this form.	DRC/CTB or New York State Education Department, if needed.	2
Supply Order Form (NYSED)	TASC™ Supply Order Form	Test Center staff complete this form to request signature cards, scratch paper and prepaid UPS mailers used for TASC™ Testing	Test Centers mails, emails or faxes requests for testing supplies to the New York State Education Department.	3
Attachment A (NYSED)	Application for TASC™ Testing	Applicants use this form to apply for TASC™ testing at a New York State test center	Applicants send completed applications for TASC™ Testing to a New York State test center.	4
Attachment B (NYSED)	Verification Form for New York State TASC™ Applicants who are 17 or 18 Years of Age and have not Attended a Regular Full-Time High School Program for One Year or More, Whose High School Class Has Already Graduated, or who are age 16, 17 or 18 and have been Home Schooled	To confirm a 17 or 18 year old applicant's eligibility to take the TASC™ Test when he or she (1) has been out of high school for a year or (2) whose class has already graduated, or (3) confirm a 16, 17 or 18 year old has been home schooled.	Attachment B is to be completed by a school official from the last K-12 school attended by the applicant. The completed form is then sent to the TASC™ Coordinator of the test center conducting the test.	5
Attachment D (NYSED)	Verification Form for New York State TASC™ Applicants 16* 17 or 18 Years of Age who have been enrolled in a Job Corps, have applied to the U.S. Armed Forces* or a college, university or postsecondary institution*	To confirm a 16* or 17 or 18 year old applicant's eligibility to take the TASC™ Test when he or she (1) has been enrolled in a Job Corps or, (2) has applied to the U.S. Armed Forces* or, (3) has been accepted in a college, university or other postsecondary institution*.	Attachment D is to be completed by a Job Corps official, a recruiting officer, or an official from a college, university or postsecondary institution. The completed form is then sent to the TASC™ Coordinator of the test center conducting the test.	6
Attachment E (NYSED)	Verification Form for New York State TASC™ Applicants 17 or 18 Years of Age who are Confined to a Facility or Institution, are Adjudicated Youth or under the direction of probation, parole, courts, etc.	To confirm a 17 or 18 year old applicant's eligibility to take the TASC™ Test when he or she is (1) confined to a facility or institution or, (2) is an Adjudicated Youth, or (3) is under the direction of a probation officer, court or parole officer, etc..	Attachment E is to be completed by a parole officer, Education Supervisor, or agency official. The completed form is then sent to the TASC™ Coordinator of the test center conducting the test.	7
Attachment F (NYSED)	Verification Form for New York State TASC™ Applicants 17 or 18 Years of Age who are Foreign Born and Never Attended K-12 Schools in the United States	To confirm a 17 or 18 year old applicant's eligibility to take the TASC™ Test if he or she is foreign born and has never attended K-12 schools in the United States.	Attachment F is to be completed by a parent, guardian, sponsor or spouse. The completed form is then sent to the TASC™ Coordinator of the test center conducting the materials test.	8
TASC™-Test Authorization Form T-TAF (NYSED)	Referral Form for New York State TASC™ Test Applicants Enrolled in an Approved Alternative High School Equivalency Preparation (AHSEP) Program, an Adult Preparation Program or a Non Funded NYSED Coded Program	To confirm an applicant's ability to use a preparation program code when taking the TASC™ via a referral from a preparation program.	T-TAF forms are sent from the preparation programs to the TASC™ Coordinator at the testing center. The forms are then forwarded to the HSE Office in Albany as part of the completed test materials package.	9
Appendix B (DRC/CTB)	TASC™ Secure Transmittal Form- (Secure Storage to Testing Room)	Test Center staff use this form to track secure testing materials at the test center.	The completed form remains in file at the test center.	10

High School Equivalency (HSE) Forms (2016) During Test Administration				
Form	Form Name	Reason for Form	Where Form Gets Sent to	Form #
Appendix C (DRC/CTB)	Secure Test Material Distribution Log	Test Center Staff log in the examinee name, TASC ID, and serial numbers of TASC™ Tests handed out to examinees.	The completed form remains in file at the test center.	11
Accommodations Waiver Form (NYSED)	TASC™ Testing Accommodations Waiver Form	Examinees fill-out this form to waive their rights to a previously approved testing accommodation.	The completed form gets mailed to the HSE Office in Albany as part of the completed test materials package.	12
Attendance Sheets (NYSED)	TASC Attendance Sheets for Examinees	TASC™ Coordinator or Examiner records the name, address, language, and tests taken by each examinee.	The completed form gets mailed to the HSE Office in Albany as part of the test materials package.	13
County Code List (NYSED)	County Code List	List of 3 Digit County Codes.	This list remains at the testing center.	14
Eligibility Codes (NYSED)	Eligibility Codes	Used to verify under age eligibility.	This sheet remains in the file at the testing center.	15
Mathematics Reference Sheet (DRC/CTB)	2 page Mathematics Reference Sheet	For use with the Mathematics Test.	This sheet remains in the file at the testing center.	16

High School Equivalency (HSE) Forms (2016) After Test Administration				
Form	Form Name	Reason for Form	Where Form Gets Sent to	Form #
Appendix K-1 (DRC/CTB)	Group Information Sheet (GIS)	This form is used to record the number of examinees tested and the name of the Coordinator or Examiner	The completed form gets mailed to DRC/CTB with examinees completed test materials. Test centers should keep a copy of the GIS form for their records.	17
Appendix K-2 (DRC/CTB)	Test Site List (TSL)	TSL is filled out by the TASC™ Coordinator or Examiner to document the number of examinees at a test session, the name of the contact person (preferably the Test Coordinator), and the examiner's name.	TSL forms are mailed to CTB McGraw-Hill as part of the completed testing materials packet. Test centers should keep a copy of the TSL for their records.	18
Appendix H (DRC/CTB)	TASC™ Incident/Irregularity Report	TASC™ Coordinator or Examiner completes form to document test session irregularities (e.g. suspected cheating, breach or unusual circumstances) and explains corrective action taken.	The completed form gets mailed to DRC/CTB and NYSED.	19

Sample TASC™ Answer Booklet				
Form	Form Name	Reason for Form	Where Form Gets Sent to	Form #
TASC™ Answer Booklet (DRC/CTB)	Answer Booklet	For examinees to record their responses to each subtest of the TASC™ test.	Coordinator or Examiner mails examinee completed Answer booklets to DRC/CTB.	20

High School Equivalency (HSE) Forms (2016) Other Forms				
Form	Form Name	Reason for Form	Where Form Gets Sent to	Form #
Signature Card	Signature Card	Used to track and verify an examinee's participation in a TASC™ testing session.	Mailed to NYSED within five days of the last day of testing.	21
New York State High School Equivalency Testing Program Envelope for Return of Test Materials to NYSED	New York State High School Equivalency Testing Program Envelope for Return of Test Materials to NYSED	Used to return materials from test center to NYSED.	Mailed to NYSED within five days of the last day of testing.	22
Test Center Information Request	Test Center Information Request	To document test center address changes and personnel changes at the test center.	Scanned and e-mailed, or faxed to NYSED to indicate a test center address change.	23

Forms Used Prior to Test Administration



ADULT CAREER AND CONTINUING EDUCATION SERVICES (ACCES)
ADULT EDUCATION PROGRAMS AND POLICY
HIGH SCHOOL EQUIVALENCY OFFICE
89 WASHINGTON AVE., ROOM 460 EBA
ALBANY, NEW YORK 12224
(518) 474-5906; FAX: (518) 474-3041
<http://www.acces.nysed.gov>

**New York State Education Department
High School Equivalency Office
Official TASC™ Testing Center Staff Appointment Fill-In Form**

Date / /
 mm dd yyyy

Last Name _____ **First Name** _____

Be authorized to serve as a (check one) ☐ Test Coordinator ☐ Examiner
at the following official New York State TASC™ Testing Center :

3-Digit Test _____ **Center Name** _____
Center Code _____

Center City _____ **State** _____ **Zip Code** _____

E-mail (required)

Phone Number (_____) _____ - _____ **Fax Number** (_____) _____ - _____
Area code Area code

Reason for Request (check one) ☐ **Replacing current TASC™ Coordinator**
☐ **New or Additional Examiner Staff**

Required NYSED-training of the new staff member was completed on:

TASC™ Training Date: / /
 mm dd yyyy

I understand that all TASC™ testing center staff must meet or exceed the educational and professional qualifications necessary to perform the duties as outlined in the Test Administration Manual (CTB), the New York State TASC™ Test Administration Handbook (NYSED), and the TASC™ Test Administration Guide for New York State (NYSED). Furthermore, I understand that the TASC™ testing staff may never be involved in any capacity in instruction or the preparation of any examinees who may take the TASC™ Test.

Appointee Signature: _____

Requested
Date: / /
 mm dd yyyy

NYSED HSE
Administrator _____
Signature:

Approved _____ / _____ / _____
Date: mm dd yyyy

01/13/2016

APPENDIX A

TASC™ SECURITY CHECKLIST

SITE NAME:

SITE NUMBER:

TASC™ Test Coordinators or Examiners are required to use this form to inventory secure materials upon receipt from DRC/CTB. Test Coordinators or Examiners should place their initials and the date in the “Received” column to indicate receipt of each serial-numbered document and return Part 3 (pink sheet) to DRC/CTB within 24 hours of receipt of materials. At the end of the annual testing cycle, Test Coordinators should inventory materials and place their initial and the date alongside each document in the “Returned” column. Part 2 of the form (yellow sheet) should be returned to DRC/CTB in Box 1 of the shipment of materials back to DRC/CTB.

TASC™ Coordinator or Examiner Name:

E-mail

Mail, fax or scan and email the Security Checklists to DRC/CTB at:

DRC/CTB LLC
Attn: TASC TEST Scoring Team
20 Ryan Ranch Road
Monterey, CA 93940
Toll-free FAX: 877 800-9389
Email: TASCtest_Helpdesk@ctb.com

TASC™ Serial Number	Received Initial/Date	Returned Initial/Date	If document is not returned, state reason.



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

ADULT CAREER AND CONTINUING EDUCATION SERVICES (ACCES)
ADULT EDUCATION PROGRAMS AND POLICY
HIGH SCHOOL EQUIVALENCY (HSE) OFFICE
P.O. Box 7348
ALBANY, NEW YORK 12234
(518) 473-3859; FAX: (518) 474-3401
<http://www.acces.nysed.gov/>

TASC™ Supply Order Form

The TASC™ Coordinator or Examiner must complete this form and send it to the New York State Education Department to request supplies for TASC™ Test administration.

Test Center Requester Information:

Coordinator or Examiner Name:		Telephone ()		-	
Test Center Number:	Test Center Name:				
	Street	State		Zip	
Coordinator or Examiner E-mail Address:					
Today's Date:	Supplies Needed By:		Test Site Seating Capacity:		

Supplies Requested by the Test Center	Quantity Requested by the Test Center	Test Date
Signature Cards		
*Lined Colored Scratch Paper (Available in Yellow, Pink, Blue, Green)		
Pre-Paid UPS Mailers		
Talking Calculator**		/ /
UPS Shipping Envelopes (Plastic)		
Manila Test Session Envelopes		
Graph Paper		

*Indicate which color scratch paper requested.

**Talking Calculators must be returned to NYSED using the label and box provided within two (2) days after test administration.

Note: Additional TASC™ test books and answer booklets must be requested from DRC/CTB. T-TAF Forms may be found at:

<http://www.acces.nysed.gov/ged/documents/attch-a.pdf>

Notes:

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Fax the completed form to (518) 473-3859 at least two (2) weeks before the test date.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
High School Equivalency (HSE) Office
(518) 474-5906

APPLICATION FOR TASC™ TESTING (2016)

(Must be completed each time an applicant applies to test)

Applicant must provide a response to each item and sign the application in blue ink.

It is recommended that all applicants review TASC™ test materials before taking the test.

For a listing of free HSE Preparation Programs in your area go to: <http://www.acces.nysed.gov/hse/hse-prep-programs-maps>

Send this application to the local test center where you wish to test.

You can find a local test center on our website: <http://www.acces.nysed.gov/hse/hse-testing-maps>

DO NOT SEND COMPLETED APPLICATION TO THE NYSED HSE OFFICE.

*Applicant Last Name	*Applicant First Name	Middle Initial
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A. High School Equivalency Testing History*

1.	Have you ever taken a TASC™ Test (2014-present) in another State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever taken the TASC™ Test (2014-present) in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever taken the GED® Test (2002-2013) in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	What name did you use the last time you tested in New York State?	
	First Name	Middle Initial
	Last Name	
5.	Name of Test Center Where You Took Your Last TASC™ or GED® Test	Date When the Last Test Was Taken / /

If you answered "yes" to questions 2 or 3, it is recommended that you provide a copy of your latest failure notice and mail a copy of it with this application to the testing center.

B. Residency Requirements to take the TASC™ Test in New York State*

6.	You must provide written proof that you have lived in New York State for at least thirty (30) days prior to taking the TASC™ test. (Provide copies, not originals). Check which type of proof you are mailing to the test center with this application:		
	<input type="checkbox"/> NYS Driver's License	<input type="checkbox"/> NYS Non-Driver's ID	<input type="checkbox"/> Automobile Registration
	<input type="checkbox"/> Copies of NYS Tax Return	<input type="checkbox"/> NYS Apartment Lease	<input type="checkbox"/> Deed/Mortgage Statement
	<input type="checkbox"/> Bank/Credit Card Statement	<input type="checkbox"/> Voter Registration Card	<input type="checkbox"/> Selective Service Card
	<input type="checkbox"/> Homeowner or Renter's Insurance Policy	<input type="checkbox"/> NYS Juror Card	<input type="checkbox"/> NYC Municipal ID
	<input type="checkbox"/> Telephone Bill/Utility Bill/Cable Bill	<input type="checkbox"/> Other	

C. Maximum Compulsory School Attendance Age*

7. In New York State all applicants must have reached “maximum compulsory school attendance age” in order to take the TASC™ test. Applicants reach “maximum compulsory school attendance age” when the school year in which they turn 16 years of age has ended (June 30). In New York City, however, applicants reach “maximum compulsory school attendance age” when the school year in which they turn 17 years of age has ended (June 30). “Maximum compulsory school attendance age” does not apply to any applicant 18 years of age or older by the day of testing.

I certify that I have reached maximum compulsory school attendance age.

☐ Yes

☐ No
D. New York State Age Eligibility Requirements for 17 or 18 year old applicants*

In addition to meeting the “maximum compulsory school attendance age” requirement (17 year olds only), all 17 and 18 year old applicants must meet one (1) of the ten (10) eligibility criteria listed below in order to test. An applicant who meets any of these criteria must mail in the required proof of eligibility with this application to the Test Center. For copies of these required attachments go to: <http://www.acces.nysed.gov/hse/high-school-equivalency-hse-forms>

8.	Age Eligibility Criteria Description – for 17 or 18 year old applicants	Required Proof of Eligibility
<input type="checkbox"/>	Applicant is foreign born and has never attended K-12 schools in the United States. Applicant must submit a copy of his or her visa or passport showing initial arrival date in the United States.	Attachment F (Must be notarized)
<input type="checkbox"/>	One year has passed since the applicant was last legally able to leave high school and last enrolled in a full-time high school program of instruction.	Attachment B
<input type="checkbox"/>	Applicant was a member of a high school class that has already graduated.	Attachment B
<input type="checkbox"/>	Applicant is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF
<input type="checkbox"/>	Applicant has been conditionally accepted into the United States Armed Forces.	Attachment D
<input type="checkbox"/>	Applicant has been conditionally accepted into a college, university or post-secondary institution.	Attachment D
<input type="checkbox"/>	Applicant is currently enrolled in a Job Corps Program.	Attachment D
<input type="checkbox"/>	Applicant is incarcerated or institutionalized.	Attachment E
<input type="checkbox"/>	Applicant is an adjudicated youth under the direction of a prison, jail, detention center, court, parole, or probation office.	Attachment E
<input type="checkbox"/>	Applicant was home schooled.	Attachment B

E. New York State Age Eligibility Requirements for 16 year old applicants*

In addition to meeting the “maximum compulsory school attendance age” requirement, all 16 year old applicants must meet one (1) of the four (4) eligibility criteria listed below in order to test. An applicant who meets any of these criteria must mail in the required proof of eligibility with this application to the test center. For copies of these required attachments go to:

<http://www.acces.nysed.gov/hse/high-school-equivalency-hse-forms>

8.	Age Eligibility Criteria Description – for 16 year old applicants	Required Proof of Eligibility
<input type="checkbox"/>	Applicant is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF
<input type="checkbox"/>	Applicant has been accepted into the United States Armed Forces.	Attachment D
<input type="checkbox"/>	Applicant has been accepted into a college, university or post-secondary institution.	Attachment D
<input type="checkbox"/>	Applicant was home schooled.	Attachment B

F. New York State Age Eligibility Requirements for applicants 19 years or older

In New York State an applicant must be nineteen (19) years of age or older by the day of testing in order to take the TASC™ Test without having to supply age eligibility proof to the test center.

G. Applicant Demographic Information

10.	Legal First Name*	Middle Initial	Legal Last Name*
11.	9-Digit Social Security Number* - -		Other Government ID Number*
Type of Government ID Noted Above* (Check Only One) <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Permanent Residence Card <input type="checkbox"/> Alien Card <input type="checkbox"/> Military ID <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> NYC Municipal ID <input type="checkbox"/> Other			
12.	Date of Birth* / / month day year		13. Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
14.	Race* (Check Only One) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
15.	Ethnicity* <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		
16.	Primary Language Spoken at Home* (Select One) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese : Mandarin/Cantonese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Bengali <input type="checkbox"/> Arabic <input type="checkbox"/> Urdu <input type="checkbox"/> Amharic <input type="checkbox"/> Somali <input type="checkbox"/> Hmong		
17.	Primary E-mail Address Alternate E-mail Address Note: If you provide a valid email address above, you will be able to view your <u>unofficial</u> TASC™ test scores on the DRC/CTB TASC™ Test State Portal.		
18.	Telephone Number(s) with Area Code* () - () - () - Land Line Number Cell Phone Number Alternate Phone Number		
19.	Mailing Address or PO Box Number*	Apt. #	City* State* Zip Code*
20.	County of Residence		

H. Requested Test Location, Preferred Test Date(s), Mode, and Requested Form Type*

21.	Preferred Test Location For a list of test centers in New York State go to http://www.acces.nysed.gov/hse/hse-testing-maps Test Center Name* 3-Digit Test Center Code
22.	Preferred Test Date(s) for the test center noted in item number 21* First-Choice / / Second-Choice / /
23.	Test Mode Indicate whether you wish to take the test as a Computer-Based-Test (CBT) or Paper-Based-Test (PBT). Check the list of testing centers with test center code found at http://www.acces.nysed.gov/hse/hse-testing-maps to identify which testing centers offer your preferred testing mode. Check your testing mode preference below: Testing Mode Preference* <input type="checkbox"/> Computer-Based Testing (CBT) <input type="checkbox"/> Paper-Based Testing (PBT)
24.	Check Your Requested Form Test Type <input type="checkbox"/> English Print Form <input type="checkbox"/> Spanish Print Form
25.	If you have been officially referred from an HSE test preparation program, indicate the five (5) digit prep code and mail a copy of the T-TAF referral form to the test center with this application:
26.	Identify the TASC™ subtests you wish to take.* <input type="checkbox"/> Writing <input type="checkbox"/> Reading <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Mathematics <input type="checkbox"/> I wish to take all five (5) subtests

J. Testing Accommodations

27. **Have you applied for TASC™ testing accommodations due to a disability?** ☐ Yes ☐ No
 If you answered "No" to item number 27, go to item #30 or item #31 depending upon your age.
 If you answered "Yes" to item number 27, go to item #28.
28. **Check the status of your accommodations request.**
- ☐ I applied for testing accommodations, but I have not received a decision from DRC/CTB.
☐ I applied for testing accommodations to DRC/CTB and my request was not approved.
☐ I applied for testing accommodations and my request was approved by DRC/CTB.
- You must enclose a copy of your testing accommodations approval letter with this application.**
29. **If you were approved for testing accommodations, please indicate the approved form type.**
☐ English Print ☐ Spanish Print ☐ English Audio ☐ Spanish Audio ☐ English Braille ☐ Spanish Braille ☐ Large Print

K. Applicant Signature and Certification for All First Time and Returning Applicants

30. I understand that my eligibility for TASC™ testing will be determined based on the information contained in this application, and on any enclosed documentation. I certify that I do not hold a high school diploma or high school equivalency diploma recognized in the United States, and that I am not involved with any instruction of students who are preparing to take the TASC™. I certify that the information included with this application and any attachments is complete and accurate to the best of my knowledge. I further agree that if it is determined that I intentionally gave false information on my application that my TASC™ testing scores can be invalidated". I further authorize DRC/CTB to score each subtest and share the results and my testing information with the New York State Education Department, the test center where I tested and the preparation program that I attended.
- I understand that if I provide a valid email address in Question 17 of this application, I will be able to view my unofficial TASC™ test scores on the DRC/CTB TASC™ Test State Portal.
- By signing below I agree to the terms and conditions noted above in Question 30.
- EXAMINEE SIGNATURE _____ DATE ____/____/____

L. Parent or Guardian Signature (Required for all First-Time and Returning Applicants under the age of 18)

31. I am verifying that the information contained in this application for my son or daughter is true to the best of my knowledge. I give permission for my son or daughter to take the TASC™ test, DRC/CTB to score each subtest, and to share the results with the New York State Education Department, the test center where my son or daughter tested and the preparation program that he or she attended.
- I understand that if my son or daughter provides a valid email address in Question 17 of this application, he or she will be able to view their unofficial TASC™ test scores on the DRC/CTB TASC™ Test State Portal.
- By signing below I agree to the terms and conditions noted above in Question 31.
- PARENT OR GUARDIAN SIGNATURE _____ DATE ____/____/____

VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS WHO ARE 17 OR 18 YEARS OF AGE AND HAVE NOT ATTENDED A REGULAR FULL-TIME HIGH SCHOOL PROGRAM FOR ONE YEAR OR MORE, OR WHOSE HIGH SCHOOL CLASS HAS ALREADY GRADUATED. THIS FORM MAY ALSO BE USED FOR APPLICANTS WHO ARE 16, 17 OR 18 YEARS OF AGE AND HAVE BEEN HOME SCHOOLED.

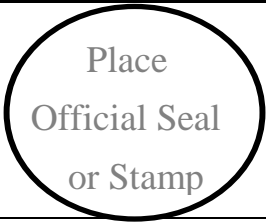
Attachment B must be completed by an official of the high school last attended by the applicant.

APPLICANT MUST COMPLETE INFORMATION IN THIS SECTION IN BLUE INK.

To be Completed by Applicant	Fill in your name, Social Security Number or Government ID, age and date of birth. An official from the school you last attended <u>MUST</u> complete the section below. You must attach Attachment B to your completed and signed Attachment A "Application for TASC™ Testing."				
	Last Name		First Name		Middle Initial
	Social Security Number or Government ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth / / mm dd yyyy	
	Street Address		City	State	Zip Code

*"Maximum compulsory school attendance age" is reached when the school year in which the student turned 16 (or older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 320.5(3) of Education Law) has ended (June 30).

SCHOOL OFFICIAL COMPLETES INFORMATION IN THIS SECTION IN BLUE INK.

To be Completed by School Official	Fill in your school's information below. Check and complete the statement that applies to the above examinee. Sign, date and provide your title, e-mail address and phone number. Affix school's official seal or stamp in the space provided. Only forms with original signatures in blue ink will be accepted.		
	School Name		Phone Number ()
	Address		City
	E-Mail Address		State Zip Code
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and ____ / ____ / ____ , was the last day of attendance, dismissal or discharge and that he or she has not been a regularly enrolled student since that time, OR		
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and did not complete requirements for graduation with the class of ____ (based on his or her ninth-grade enrollment) that will graduate or graduated on ____ / ____ / ____ , OR		
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and he or she has been home schooled.		
Name of School Official (PLEASE PRINT)			
Title of School Official	E-mail		
Signature of School Official	Date		

VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS 16*, 17, OR 18 YEARS OF AGE WHO ARE ENROLLED IN A JOB CORPS, HAVE APPLIED TO THE U.S. ARMED FORCES OR HAVE APPLIED TO A COLLEGE, UNIVERSITY OR POST SECONDARY INSTITUTION

APPLICANT MUST COMPLETE INFORMATION IN THIS SECTION

**To be Completed
by Applicant**

Fill in your name, Social Security Number, age and date of birth. An official at the institution must complete one section below **and** affix its official seal or stamp. Attach this **Attachment D** to your completed and signed **Attachment A** (*Application for TASC™ Testing*).

Last Name 3		First Name		Middle Initial
Social Security Number or Government ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth / / mm dd yyyy	
Street Address	City		State	Zip Code

*"Maximum compulsory school attendance age" is reached when the school year in which the student turned 16 (or older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 320.5(3) of Education Law) has ended (June 30)".

INSTITUTION OFFICIAL COMPLETES INFORMATION IN THIS SECTION IN BLUE INK

To be Completed by Institution Official

☐ Student 17 or 18 years of age enrolled in a **Job Corps** program:

By signing below, I am verifying that the above applicant has reached "maximum compulsory school attendance age*" and is enrolled in a Job Corps program and has demonstrated readiness to test.

☐ Student 16*, 17 or 18 years of age who has applied to the **U.S. Armed Forces**:

By signing below, I am verifying that the above applicant has reached "maximum compulsory school attendance age,*" has applied to the U.S. Armed Forces, and has met all requirements except for a high school diploma/high school equivalency diploma. The applicant will be admitted with presentation of acceptable TASC™ scores or a combination of GED® and TASC™ test scores.

☐ Student 16*, 17 or 18 years of age who has applied to a **college, university** or an **accredited postsecondary institution**:

By signing below, I am verifying that the above applicant has reached "maximum compulsory school attendance age,*" has applied to the below named institution, and has met all admission requirements except for a high school or high school equivalency diploma. The applicant will be admitted with presentation of acceptable TASC™ scores or a combination of GED® and TASC™ test scores.

Name of Official		Title		
Name of Organization		Phone Number ()		
Street Address		<div>Place Official Seal or Stamp Here</div>		
E-Mail Address				
City	State			Zip Code
Official Signature				

**VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS 17 OR 18 YEARS OF AGE WHO ARE
CONFINED TO A FACILITY OR INSTITUTION OR ARE ADJUDICATED YOUTH**

NOTE: These are residents who are confined to a narcotics addiction control center, a New York State Office of Children and Family Services (NYSOCFS) facility, a county jail, detention center or a New York State Department of Correctional and Community Supervision (NYSDOCCS) facility, are patients in a hospital in New York State **OR** youth who are adjudicated or under the direction of a prison, jail, detention center, court, parole or probation office.

FACILITY, INSTITUTION OR AGENCY MUST COMPLETE ALL SECTIONS OF THIS FORM

Program Information	Name of Facility/Institution/Agency\		Test Center Code
	Street Address (Street/P.O. Box)		
	City	State	Zip Code

Applicant Information	Fill in the name, Social Security Number, age and date of birth of the applicant. An official at the institution must complete all sections and attach its official seal or stamp. Fasten Attachment E to the applicant's completed and signed Attachment A (<i>Application for TASC™ Testing</i>).			
	Last Name		First Name	Middle Initial
	Social Security Number or Government ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth mm / dd / yyyy
	Street Address (Street/P.O. Box)	City	State	Zip Code

Official Authorized Signature	By signing below, I verify that the above named applicant has reached "maximum compulsory school attendance age*" and is confined to the above named facility or institution, or is an adjudicated youth under the direction of court, parole or probation. I also verify that the high school equivalency diploma is an essential part of the rehabilitation process and the applicant demonstrates readiness to test.	
	Type Name	E-mail
	Title	() - Phone Number
	<div style="display: flex; justify-content: space-between;"> <div>Authorized Signature from Facility or Institution</div> <div>Date</div> </div>	

Place
Official
Seal or
Stamp
Here

VERIFICATION FORM FOR NEWYORK STATE TASC™ APPLICANTS 17 OR 18 YEARS OF AGE WHO ARE FOREIGN BORN AND NEVER ATTENDED K-12 SCHOOLS IN THE UNITED STATES

NOTE: This form is for New York State TASC™ applicants who are foreign born and have NEVER attended K-12 schools in the United States. It is required that the examinee's parent, guardian, sponsor or spouse completes this form which must then be notarized. In addition, the examinee must provide a copy of a passport or visa which shows his or her initial date of arrival in the United States.

APPLICANT MUST COMPLETE THIS SECTION

Applicant Information	Fill in your name, Social Security Number, age and date of birth. Fasten this Attachment F to your completed and signed Attachment A (<i>Application for TASC™ Testing</i>).			
	Last Name		First Name	Middle Initial
	Social Security Number or Government ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth mm / dd / yyyy
	Street Address	City	State	Zip Code

Note: Maximum compulsory school attendance age is reached when the school year in which the student turns 16, (or such older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 3205(3) of Education Law) has ended (June 30)."

APPLICANT'S PARENT, GUARDIAN, SPONSOR OR SPOUSE MUST COMPLETE THIS SECTION

Witness Information	Last Name	First Name	Middle Initial
	Relationship to Applicant or Title and Name of Sponsoring Agency		

APPLICANT, WITNESS AND NOTARY PUBLIC MUST SIGN AND PROVIDE DATE BELOW IN BLUE INK

Official Authorized Signatures	By signing below, I verify that the above named applicant has reached "maximum compulsory school attendance age*" and has never attended K-12 schools in the United States.	
	_____ Applicant Signature	_____ Date
	_____ Witness Signature	_____ Date
	_____ Notary Public Signature	_____ Date

Place
Official
Seal or
Stamp
Here

PREP PROGRAM OFFICIAL COMPLETES INFORMATION IN THIS SECTION

APPLICANT COMPLETES THIS SECTION

PREP PROGRAM OFFICIAL MUST PROVIDE TASC™ READINESS ASSESSMENT INFORMATION

01/13/2016

APPENDIX B

TASC™ SECURE TRANSMITTAL FORM – (SECURE STORAGE TO TESTING ROOM)

Use this form when secure material is removed from secure storage and transferred from one administrator to the next. Both the person transferring the material and receiving the material should sign the form to confirm the transfer.

Date: / /

Material Distributed from

Title:

Signature: _____

Material Distributed to

Title:

Signature: _____

Test Coordinator or Examiner Name:

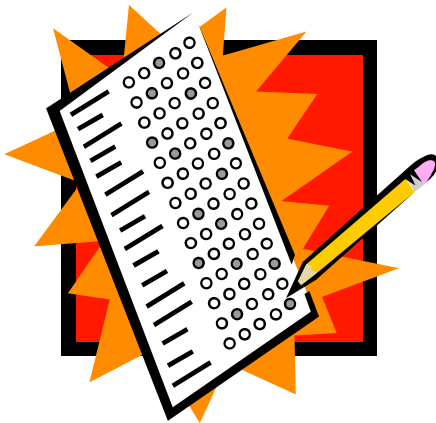
Title:

Signature: _____

Enter the serial numbers of material transferred. Enter the time when material has been taken from (Out) and returned (In) to secure storage.

[illegible]

During Test Administration Forms



APPENDIX C

SECURE TEST MATERIAL DISTRIBUTION LOG

Use this log to record which test materials have been distributed to examinees.

Test Session Date: / / TASC™ Coordinator TASC™ Examiner

Test Session Time

#	Examinee Name	TASC ID	Format*	Seat #	Form	Mathematics			Writing			Reading			Science			Social Studies		
						Serial #	Out	In	Serial #	Out	In	Serial #	Out	In	Serial #	Out	In	Serial #	Out	In
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

*Test Format Codes - English: 1=Standard, 2=Large Print, 3=Braille, 4=Audio CD; Spanish: 5=Standard, 6=Large Print, 7=Braille, 8=Audio CD

TASC™ TESTING ACCOMMODATIONS WAIVER FORM

Examinee Legal Name :		
Test Center Code:	Test Center Name:	
TASC ID (UUID):	Test Date / /	_____ PBT _____ CBT
TASC™ Coordinator or Examiner Name:		
TASC™ Coordinator or Examiner Email:		

**I was Approved for the following
Testing Accommodations:**

Extended Standard Testing Time	
<input type="checkbox"/> 1.25 Times <input type="checkbox"/> 1.50 Times <input type="checkbox"/> 2.00 Times	
<input type="checkbox"/> Other: _____	(Indicate)
<input type="checkbox"/> Audio CD of subtest	
<input type="checkbox"/> Signed Essay or Video/Deaf and Hard of Hearing	
<input type="checkbox"/> DVD of Signed Instructions	
<input type="checkbox"/> Calculator	
<input type="checkbox"/> Talking Calculator	
<input type="checkbox"/> Scribe	
<input type="checkbox"/> Private Room	
<input type="checkbox"/> Supervised Breaks	
<input type="checkbox"/> Instruction Interpreted	
<input type="checkbox"/> Braille	
<input type="checkbox"/> Small Group	
<input type="checkbox"/> Screen Reader	
<input type="checkbox"/> Preferential Seating	
<input type="checkbox"/> Adaptive Equipment	
<input type="checkbox"/> Adaptive Furniture	
<input type="checkbox"/> Technology-Assisted Writing	
<input type="checkbox"/> Assistive Device	
<input type="checkbox"/> Other	

**I am Declining the following
Testing Accommodations:**

Extended Standard Testing Time	
<input type="checkbox"/> 1.25 Times <input type="checkbox"/> 1.50 Times <input checked="" type="checkbox"/> 2.00 Times	
<input type="checkbox"/> Other: _____	(Indicate)
<input type="checkbox"/> Audio CD of subtest	
<input type="checkbox"/> Signed Essay or Video/Deaf and Hard of Hearing	
<input type="checkbox"/> DVD of Signed Instructions	
<input type="checkbox"/> Calculator	
<input type="checkbox"/> Talking Calculator	
<input type="checkbox"/> Scribe	
<input type="checkbox"/> Private Room	
<input type="checkbox"/> Supervised Breaks	
<input type="checkbox"/> Instruction Interpreted	
<input type="checkbox"/> Braille	
<input type="checkbox"/> Small Group	
<input type="checkbox"/> Screen Reader	
<input type="checkbox"/> Preferential Seating	
<input type="checkbox"/> Adaptive Equipment	
<input type="checkbox"/> Adaptive Furniture	
<input type="checkbox"/> Technology-Assisted Writing	
<input type="checkbox"/> Assistive Device	
<input type="checkbox"/> Other	

Although I was approved for certain testing accommodations, I have declined those accommodations I have checked above.

_____ Examinee Name (Print)	_____ Signature of Examinee	_____ Date
_____ Parent or Guardian Name* (Print) *Applies only to examinees under age 18	_____ Signature of Parent, Guardian*	_____ Date
_____ TASC™ Coordinator or Examiner Signature 01/16/2016		_____ Date

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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**The New York State Education Department
High School Equivalency Office
89 Washington Avenue, Room 460 EBA
Albany, NY 12234**

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 <input type="checkbox"/> CBT <input type="checkbox"/> PBT

Eligibility Codes (EC) for 16, 17 and 18 year olds (EC codes do not apply to anyone 19+ years old)		Age on 1 st 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

List of examinees taking the TASC™ test during this test session (2016). Alphabetize this list by last name of the examinee.

					Test Form(s) Taken by Examinee (D, E or F)								
#	Last Name	First Name	9 Digit TASC ID (UUID)	DOB (mm/dd/yyyy)	Writing	Social Studies	Science	Reading	Math	Appendix H?	Age 16, 17 or 18 EC Code	5-Digit Prep Code	T-TAF
1										<input type="checkbox"/>			<input type="checkbox"/>
2										<input type="checkbox"/>			<input type="checkbox"/>
3										<input type="checkbox"/>			<input type="checkbox"/>
4										<input type="checkbox"/>			<input type="checkbox"/>
5										<input type="checkbox"/>			<input type="checkbox"/>
6										<input type="checkbox"/>			<input type="checkbox"/>
7										<input type="checkbox"/>			<input type="checkbox"/>
8										<input type="checkbox"/>			<input type="checkbox"/>
9										<input type="checkbox"/>			<input type="checkbox"/>
10										<input type="checkbox"/>			<input type="checkbox"/>

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 / /

List of examinees taking the TASC™ test during this test session (2016). Alphabetize this list by last name of the examinee.

#	Last Name	First Name	9 Digit TASC ID (UUID)	DOB (mm/dd/yyyy)	Test Form(s) Taken by Examinee (D, E or F)					Appendix H?	Age 16, 17 or 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"/>
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"/>

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 / /

List of examinees taking the TASC™ test during this test session (2016). Alphabetize this list by last name of the examinee.

#	Last Name	First Name	9 Digit TASC ID (UUID)	DOB (mm/dd/yyyy)	Test Form(s) Taken by Examinee (D, E or F)					Appendix H?	Age 16, 17 or 18 EC Code	5-Digit Prep Code	T-TAF
					Writing	Social Studies	Science	Reading	Math				
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"/>
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"/>

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 / /

List of examinees taking the TASC™ test during this test session (2016). Alphabetize this list by last name of the examinee.

#	Last Name	First Name	9 Digit TASC ID (UUID)	DOB (mm/dd/yyyy)	Test Form(s) Taken by Examinee (D, E or F)					Appendix H?	Age 16, 17 or 18 EC Code	5-Digit Prep Code	T-TAF
					Writing	Social Studies	Science	Reading	Math				
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"/>
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"/>

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 / /

List of examinees taking the TASC™ test during this test session (2016). Alphabetize this list by last name of the examinee.

#	Last Name	First Name	9 Digit TASC ID (UUID)	DOB (mm/dd/yyyy)	Test Form(s) Taken by Examinee (D, E or F)					Appendix H?	Age 16, 17 or 18 EC Code	5-Digit Prep Code	T-TAF
					Writing	Social Studies	Science	Reading	Math				
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"/>
90										<input type="checkbox"/>			<input type="checkbox"/>
91										<input type="checkbox"/>			<input type="checkbox"/>
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"/>

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 / /

List of examinees taking the TASC™ test during this test session (2016). Alphabetize this list by last name of the examinee.

#	Last Name	First Name	9 Digit TASC ID (UUID)	DOB (mm/dd/yyyy)	Test Form(s) Taken by Examinee (D, E or F)					Appendix H?	Age 16, 17 or 18 EC Code	5-Digit Prep Code	T-TAF
					Writing	Social Studies	Science	Reading	Math				
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"/>
121										<input type="checkbox"/>			<input type="checkbox"/>
122										<input type="checkbox"/>			<input type="checkbox"/>
123										<input type="checkbox"/>			<input type="checkbox"/>
124										<input type="checkbox"/>			<input type="checkbox"/>
125										<input type="checkbox"/>			<input type="checkbox"/>
126										<input type="checkbox"/>			<input type="checkbox"/>
127										<input type="checkbox"/>			<input type="checkbox"/>
128										<input type="checkbox"/>			<input type="checkbox"/>
129										<input type="checkbox"/>			<input type="checkbox"/>
130										<input type="checkbox"/>			<input type="checkbox"/>
131										<input type="checkbox"/>			<input type="checkbox"/>
132										<input type="checkbox"/>			<input type="checkbox"/>
133										<input type="checkbox"/>			<input type="checkbox"/>
134										<input type="checkbox"/>			<input type="checkbox"/>
135										<input type="checkbox"/>			<input type="checkbox"/>

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).

COUNTY CODE LIST

CODE	COUNTY	CODE	COUNTY
001	ALBANY	035	RICHMOND
002	ALLEGANY	040	NIAGARA
003	BROOME	041	ONEIDA
004	CATTARAUGUS	042	ONONDAGA
005	CAYUGA	043	ONTARIO
006	CHAUTAUQUA	044	ORANGE
007	CHEMUNG	045	ORLEANS
008	CHENANGO	046	OSWEGO
009	CLINTON	047	OTSEGO
010	COLUMBIA	048	PUTNAM
011	CORTLAND	049	RENSSELAER
012	DELAWARE	050	ROCKLAND
013	DUTCHESS	051	ST. LAWRENCE
014	ERIE	052	SARATOGA
015	ESSEX	053	SCHENECTADY
016	FRANKLIN	054	SCHOHARIE
017	FULTON	055	SCHUYLER
018	GENESEE	056	SENECA
019	GREENE	057	STEUBEN
020	HAMILTON	058	SUFFOLK
021	HERKIMER	059	SULLIVAN
022	JEFFERSON	060	TIOGA
023	LEWIS	061	TOMPKINS
024	LIVINGSTON	062	ULSTER
025	MADISON	063	WARREN
026	MONROE	064	WASHINGTON
027	MONTGOMERY	065	WAYNE
028	NASSAU	066	WESTCHESTER
031	MANHATTAN	067	WYOMING
032	BRONX	068	YATES
033	BROOKLYN		
034	QUEENS		

Eligibility Codes (EC)

Eligibility Codes (EC) for 16, 17 and 18 year olds (EC codes do not apply to anyone 19+ years old)		Age on 1 st 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 Prep Code must be a 4 or higher).	X	X	X	T-TAF (send copy to NYSED)
4	The examinee has been applied into the United States Armed Forces.	X	X	X	D
5	The examinee has been applied 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



Mathematics Reference Sheet

Volume

Cylinder: $V = \pi r^2 h$

Pyramid: $V = \frac{1}{3} B h$

Cone: $V = \frac{1}{3} \pi r^2 h$

Sphere: $V = \frac{4}{3} \pi r^3$

Coordinate Geometry

Midpoint formula:

$$\left(\frac{x_1 + x_2}{2}, \frac{y_1 + y_2}{2} \right)$$

Distance formula:

$$d = \sqrt{(x_2 - x_1)^2 + (y_2 - y_1)^2}$$

Slope: $m = \frac{y_2 - y_1}{x_2 - x_1}, x_2 \neq x_1$

Special Factoring

$$a^2 - b^2 = (a - b)(a + b)$$

$$a^2 + 2ab + b^2 = (a + b)^2$$

$$a^2 - 2ab + b^2 = (a - b)^2$$

$$a^3 + b^3 = (a + b)(a^2 - ab + b^2)$$

$$a^3 - b^3 = (a - b)(a^2 + ab + b^2)$$

Quadratic Formula

For $ax^2 + bx + c = 0$,

$$x = \frac{-b \pm \sqrt{b^2 - 4ac}}{2a}$$

Interest

Simple interest Formula:

$$I = prt$$

Interest Formula (compounded n times per year):

$$A = p \left(1 + \frac{r}{n} \right)^{nt}$$

A = Amount after t years.

p = principal

r = annual interest rate

t = time in years

I = Interest

Trigonometric Identities

Pythagorean Theorem: $a^2 + b^2 = c^2$

$$\sin \theta = \frac{\text{opp}}{\text{hyp}}$$

$$\cos \theta = \frac{\text{adj}}{\text{hyp}}$$

$$\tan \theta = \frac{\text{opp}}{\text{adj}}$$

$$\sin^2 \theta + \cos^2 \theta = 1$$

$$\text{Density} = \frac{\text{Mass}}{\text{Volume}}$$

Central Angle

$$m\angle AOB = m\widehat{AB}$$

Inscribed Angle

$$m\angle ABC = \frac{1}{2}m\widehat{AC}$$

Intersecting Chords Theorem

$$A \cdot B = C \cdot D$$

Probability

Permutations: ${}_nP_r = \frac{n!}{(n-r)!}$

Combinations: ${}_nC_r = \frac{n!}{(n-r)!r!}$

Multiplication rule (independent events): $P(A \text{ and } B) = P(A) \cdot P(B)$

Multiplication rule (general): $P(A \text{ and } B) = P(A) \cdot P(B|A)$

Addition rule: $P(A \text{ or } B) = P(A) + P(B) - P(A \text{ and } B)$

Conditional Probability: $P(B|A) = \frac{P(A \text{ and } B)}{P(A)}$

Arithmetic Sequence: $a_n = a_1 + (n - 1)d$ where a_n is the n th term, a_1 is the first term, and d is the common difference.

Geometric Sequence: $a_n = a_1 r^{(n-1)}$ where a_n is the n th term, a_1 is the first term, and r is the common ratio.

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Form Used After Test Administration



Appendix K-1

Group Information Sheet



TEST
ASSESSING
SECONDARY
COMPLETION™

Organization Name: _____

County/Region Name: _____

Testing Site Name: _____

State: _____ SO#: _____

SPECIAL CODES																										
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V					
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3					
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4					
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5					
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6					
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7					
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8					
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9					
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A					
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B					
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C					
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D					
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E					
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F					
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G					
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H					
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I					
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J					
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K					
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L					
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M					
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N					
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O					
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P					
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q					
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R					
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S					
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T					
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U					
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V					
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W					
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y					
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z					

GRADE										<input type="radio"/> AD	Number Examinees Testing	
ORG-TP (CTB USE)												
M	0	0	0	0	0	0	0	0	0	0	0	0
N	1	1	1	1	1	1	1	1	1	1	1	1
O	2	2	2	2	2	2	2	2	2	2	2	2
P	3	3	3	3	3	3	3	3	3	3	3	3
Q	4	4	4	4	4	4	4	4	4	4	4	4
R	5	5	5	5	5	5	5	5	5	5	5	5
S	6	6	6	6	6	6	6	6	6	6	6	6
T	7	7	7	7	7	7	7	7	7	7	7	7
U	8	8	8	8	8	8	8	8	8	8	8	8
V	9	9	9	9	9	9	9	9	9	9	9	9

EXAMINER NAME									
A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

APPENDIX K-2

TEST SITE LIST (TSL)

(Test centers should have received copies of this scannable TSL form in their test delivery shipment)

County/Region Name:	County/Region Number:
Test Site Name:	3 Digit Test Site Number:

Contact Person: _____ Phone: (_____) _____ E-Mail _____

Information on this form must match that provided on the Group Information Sheet (GIS), including examiner name, and number of examinees tested. The TASC™ Coordinator or Examiner must mail the completed Test Site List (TSL) to DRC/CTB in Indianapolis, Indiana as part of the completed test materials packet.

Field for Internal Use	Coordinator or Examiner Name (Must Match GIS Sheet)	Number of Examinees Tested	Comments

01/15/2016

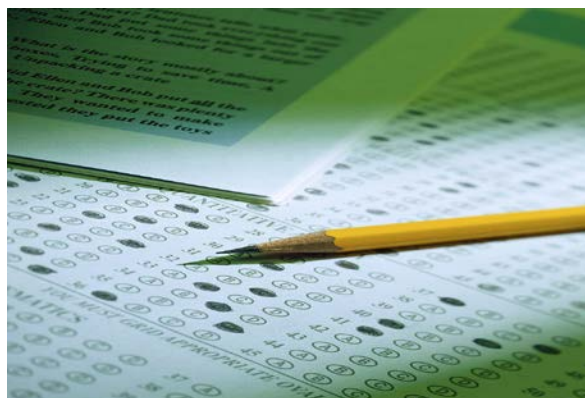
Appendix H TASC™ Incident/Irregularity Report

Test Center Name		3-Digit Test Center #	
Center Address			
Date of Incident		Time of Incident	am pm
Name of Examinee		Time of Incident	am pm

TASC™ Coordinator:	TASC™ Examiner:
Printed Name:	Printed Name:
Signature: _____	Signature: _____
Telephone: - extension	Telephone: - extension

Description of the Test Materials Involved (if applicable):					
Subtest:	Mathematics	Writing	Science	Reading	Social Studies
Edition:	English	Spanish			
Test Format:	Standard Print	Braille	Audio CD	Large Print	
Test Form:	D	E	F		
Test Serial Number(s):					
Name(s) of Examinee(s) involved in the incident:					
Description of the Incident*:					
Reported to NYS Administrator?	Yes	No	If yes,	/	/
			Month	Day	Year
Time Reported					
Instructions Provided:					
Action(s) Taken:					
Reported to DRC/CTB?	Yes	No	If yes,	/	/
			Month	Day	Year
Time Reported					
Instructions Provided:					
Action(s) Taken:					
Was Incident Resolved?	Yes	No	If yes,	/	/
			Month	Day	Year
Time Reported					
How Resolved?					
Actions taken to ensure this will never happen again*					

Sample Answer Booklet





1 Testing Site Name:

Educational Center/TASC Test Prep Program Name:

2 EXAMINEE NAME (Please PRINT in the spaces below.)

Legal Last Name:

Legal First Name:

Middle Initial:

3 Examinee ID/UUID
Mark all nine digits, including
initial zeros

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

4 Date Test Taken

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	0 0	
<input type="radio"/> Apr	1 1	1
<input type="radio"/> May	2 2	
<input type="radio"/> Jun	3 3	
<input type="radio"/> Jul	4	
<input type="radio"/> Aug	5	5
<input type="radio"/> Sep	6	6
<input type="radio"/> Oct	7	
<input type="radio"/> Nov	8	
<input type="radio"/> Dec	9	

5 Form

☐ D ☐ E ☐ F

6 Examinee Signature

My signature indicates that I have verified that the Examinee identification and form information I have provided on this answer document is correct.

Examinee's Signature

For official use only—Place optional
label with Examinee Name and Form
Assignment here

For official use only—to be completed by the Administrator prior to testing.

NOTES:

- 1) The information below MUST be completed by the Administrator to ensure that the Examinee receives the answer document that has been associated with his/her account in the Online Registration and Scheduling System.
- 2) The information below will not be read by CTB/McGraw-Hill scanners.
- 3) The barcode above MUST BE ASSOCIATED with the Examinee account and test session in the online Registration and Scheduling System prior to testing.
- 4) As an alternative to entering the information below, Administrators may place a label with Examinee Name and Form Assignment, printable from the Online Registration and Scheduling System, in the space provided at left. Labels must meet required specifications.

Examinee Name: _____

Form Assignment: _____

**DO NOT
MARK
ON THIS
PAGE**

7 Accommodations (For official use only—to be completed by the Examiner at the time of testing)						
Accommodation (The following accommodations are <i>ONLY</i> to be used with formal approval)	Accommodation Provided for					
	Math Part 1	Math Part 2	Reading	Writing	Science	Social Studies
Audio/Alternate Presentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration: 1.25 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scribe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology Device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Separate Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Group Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 Test Formats (For official use only—to be completed by the Examiner at the time of testing)	
Braille	<input type="radio"/>
Large Print	<input type="radio"/>
Audio CD (Note: Record audio format by marking the appropriate bubble next to "Audio/Alternate Presentation" in grid 7 – Accommodations)	<input type="radio"/>

9 Examiner Certification
<input type="checkbox"/> I certify that the test form bubbled in by the Examinee matches the test form assigned by the Administrator as indicated on the first page of this document. <input type="checkbox"/> I certify that this Examinee received the test booklet assigned by the Administrator as indicated on the first page of this document. <div style="text-align: center;"> <hr/> Examiner's Signature </div>

**DO NOT
MARK
ON THIS
PAGE**

SCIENCE

A (A) (B) (C) (D)

9 (A) (B) (C) (D)

18 (F) (G) (H) (J)

27 (A) (B) (C) (D)

36 (F) (G) (H) (J)

45 (A) (B) (C) (D)

1 (A) (B) (C) (D)

10 (F) (G) (H) (J)

19 (A) (B) (C) (D)

28 (F) (G) (H) (J)

37 (A) (B) (C) (D)

46 (F) (G) (H) (J)

2 (F) (G) (H) (J)

11 (A) (B) (C) (D)

20 (F) (G) (H) (J)

29 (A) (B) (C) (D)

38 (F) (G) (H) (J)

47 (A) (B) (C) (D)

3 (A) (B) (C) (D)

12 (F) (G) (H) (J)

21 (A) (B) (C) (D)

30 (F) (G) (H) (J)

39 (A) (B) (C) (D)

48 (F) (G) (H) (J)

4 (F) (G) (H) (J)

13 (A) (B) (C) (D)

22 (F) (G) (H) (J)

31 (A) (B) (C) (D)

40 (F) (G) (H) (J)

49 (A) (B) (C) (D)

5 (A) (B) (C) (D)

14 (F) (G) (H) (J)

23 (A) (B) (C) (D)

32 (F) (G) (H) (J)

41 (A) (B) (C) (D)

50 (F) (G) (H) (J)

6 (F) (G) (H) (J)

15 See Below

24 (F) (G) (H) (J)

33 (A) (B) (C) (D)

42 (F) (G) (H) (J)

7 (A) (B) (C) (D)

16 (F) (G) (H) (J)

25 (A) (B) (C) (D)

34 (F) (G) (H) (J)

43 (A) (B) (C) (D)

8 (F) (G) (H) (J)

17 (A) (B) (C) (D)

26 (F) (G) (H) (J)

35 (A) (B) (C) (D)

44 (F) (G) (H) (J)

15

STOP

**DO NOT
MARK
ON THIS
PAGE**



A (A) (B) (C) (D)

B

/	/	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Instructions for Gridded-Response Question (Sample B)

- Change any mixed number to a decimal or improper fraction prior to entry.
- Begin your answer in any column box.
- Completely fill in the corresponding bubble below each column.
- Leave unused columns blank.
- Grid only one answer even if there is more than one correct answer.

Decimal Example

0	.	5		
/	/	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Fraction Example

1	/	2		
/	.	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

1 (A) (B) (C) (D)

2 (F) (G) (H) (J)

3 (A) (B) (C) (D)

4 (F) (G) (H) (J)

5

/	/	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

6 (F) (G) (H) (J)

7 (A) (B) (C) (D)

8

/	/	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

9 (A) (B) (C) (D)

10

/	/	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

11 (A) (B) (C) (D)

12 (F) (G) (H) (J)

13 (A) (B) (C) (D)

14 (F) (G) (H) (J)

15 (A) (B) (C) (D)

16

/	/	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

17

/	/	/		
.
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

18 (F) (G) (H) (J)

19 (A) (B) (C) (D)

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MATHEMATICS



Calculator Session

20

	/	/	/	
•	•	•	•	•
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

21 (A) (B) (C) (D)

22 (F) (G) (H) (J)

23 (A) (B) (C) (D)

24 See Below

25 (A) (B) (C) (D)

26 (F) (G) (H) (J)

27 (A) (B) (C) (D)

24

STOP

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MATHEMATICS



Non-Calculator Session

28 (F) (G) (H) (J)

29 (A) (B) (C) (D)

30 (F) (G) (H) (J)

31 (A) (B) (C) (D)

32 (F) (G) (H) (J)

33 (A) (B) (C) (D)

34 (F) (G) (H) (J)

35 (A) (B) (C) (D)

36

	/	/	/	
•	•	•	•	•
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

37

	/	/	/	
•	•	•	•	•
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

38 (F) (G) (H) (J)

39 (A) (B) (C) (D)

40 (F) (G) (H) (J)

41 (A) (B) (C) (D)

42 (F) (G) (H) (J)

43 (A) (B) (C) (D)

44 (F) (G) (H) (J)

45

	/	/	/	
•	•	•	•	•
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

46

	/	/	/	
•	•	•	•	•
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

47 (A) (B) (C) (D)

48 (F) (G) (H) (J)

49 (A) (B) (C) (D)

50 (F) (G) (H) (J)

51

	/	/	/	
•	•	•	•	•
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

52 (F) (G) (H) (J)

53 (A) (B) (C) (D)

54 (F) (G) (H) (J)

55 (A) (B) (C) (D)

STOP



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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Lined writing area with 25 horizontal lines.

Go On ►

Lined writing area with 25 horizontal lines.

Lined writing area with 20 horizontal lines.

STOP 

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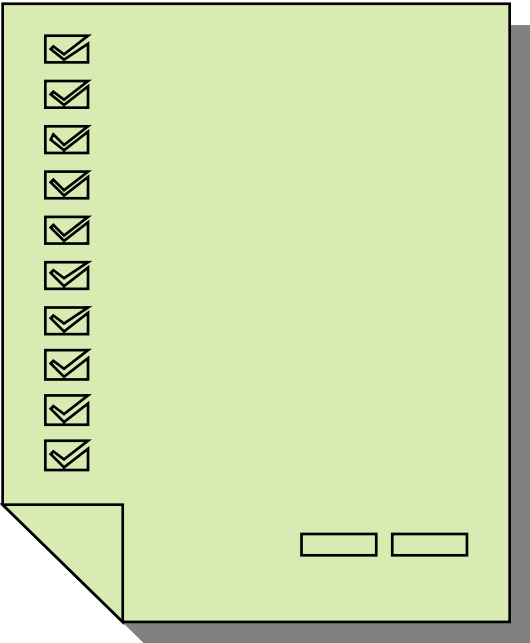
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Miscellaneous Required Forms



PLEASE PRINT

Test Center Name Edwin Stanton War Test Center Number 000
center

N A M E		Lincoln Abraham (LAST) (FIRST) (MIDDLE)		SOCIAL SECURITY NUMBER <u>999-99-9999</u> Your Social Security Number will be used only to identify your test records and will not be given to anyone without your permission. It is not required to take the test.	
A D R E S S		1600 Pennsylvania Avenue Q (NUMBER) (STREET) (APT #) (ZIP CODE)		TEST FORM 00000000	TASC™ ID 00000000
		Washington, DC (CITY) (STATE)		PAPER BASED TEST (PBT) <input type="checkbox"/>	COMPUTER BASED TEST (CBT) <input type="checkbox"/>
DATE OF BIRTH 2/12/1809		AGE 53		TELEPHONE NUMBER 202 111-1111	
HAVE YOU PREVIOUSLY TAKEN THE TASC™ TEST? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		Date last tested <u> </u> / <u> </u> / <u> </u>		FIRST DATE OF TESTING 5/10/1862	
		HAVE YOU PREVIOUSLY TAKEN THE GED® TEST? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Date last tested <u> </u> / <u> </u> / <u> </u>	

I understand that my eligibility for testing is determined based on the information provided on my application and in any other document.

If any of that information was incorrect and I am declared ineligible, I understand that my test materials will not be scored.

I HAVE READ AND UNDERSTAND
THE STATEMENT PRINTED ABOVE

A Lincoln DATE 5/10/1862
 SIGNATURE IN PENCIL

INSTRUCTIONS TO EXAMINEES

1. Complete all items on the other side of this card. The testing center name and number will be posted in the testing room. The test form is found in the upper right hand section of the test book cover (below the words Test Book).
2. Clearly print below serial numbers from all test books.

Mathematics ZR 614578
 Reading ZR 614551
 Writing ZR 614547
 Science ZR 614509
 Social Studies ZR 614550

- A. Did you request testing accommodations? Y/N ☒
- B. Were your testing accommodations approved? Y/N ☒
- C. If YES, did you receive the testing accommodations? Y/N ☒
- D. If NO, did you sign the Accommodations Waiver Form? Y/N

SEPARATE EXAMINEE SIGNATURE
 REQUIRED ON THE LAST
 DAY OF TESTING

Lincoln DATE 5/11/1862
 SIGNATURE IN PENCIL

NEW YORK STATE HIGH SCHOOL EQUIVALENCY TESTING PROGRAM
ENVELOPE FOR RETURN OF COMPLETED TEST MATERIALS TO NYSED

DATE(S) OF TEST _____

____ **PAPER BASED TEST (PBT)**

____ **COMPUTER BASED TEST (CBT)**

TEST CENTER NAME _____

TEST CENTER NUMBER _____

NUMBER OF EXAMINEES TESTED IN ENGLISH _____

NUMBER OF EXAMINEES TESTED IN SPANISH _____

TOTAL NUMBER OF EXAMINEES TESTED _____

NAME OF COORDINATOR OR EXAMINER _____

____ **ATTENDANCE SHEET(S)**

____ **ACCOMMODATIONS APPROVAL LETTER**

____ **SIGNATURE CARDS** ____ **# OF CARDS**

____ **ACCOMMODATIONS WAIVER FORM**

____ **T-TAF FORMS** ____ **# OF FORMS**

____ **APPENDIX H - INCIDENT/IRREGULARITY FORM**

____ **STANDARD VOUCHER(S)**

____ **OTHER (DESCRIBE):** _____

Test Center Contact List (2016)				
Test Center Name				3-Digit Test Center #
Location where	Street Address		City	State
Examinees actually test				NY
DRC/CTB sends secure inventory (ex. test books)				NY
NYSED sends non-secure inventory (ex. scratch paper)				NY

TASC™ Coordinator A test center can have only one TASC™ Coordinator of Record.					
First Name	MI	Last Name	Telephone Number	Fax Number	E-Mail Address
			() - Ext	() -	

PTASC™ Examiner A test center can have one or more TASC™ Examiners.					
First Name	MI	Last Name	Telephone Number	Fax Number	E-Mail Address
			() - Ext	() -	
			() - Ext	() -	
			() - Ext	() -	
			() - Ext	() -	
			() - Ext	() -	

Please fax (518) 474-0319, or e-mail HSE@nysed.gov the completed Test Center Contact List (2016) to the New York State Education Department by October 31, 2015 so that we can update our records in preparation for testing year 2016.

Print Name _____ Signed _____ Date _____