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

T-TAF FORM

REFERRAL FORM FOR NEW YORK STATE TASC™ TEST APPLICANTS ENROLLED IN AN APPROVED ALTERNATIVE HIGH SCHOOL EQUIVALENCY PREPARATION (AHSEPP) PROGRAM, AN ADULT PREPARATION PROGRAM OR A NON FUNDED NYSED CODED PROGRAM

Prep Program Information

PLEASE PRINT CLEARLY IN BLUE INK

Name of TASC™ Preparation Program	5-Digit Prep Program Code
Address (Street/P.O. Box)	
City / State / Zip Code	

Applicant Information

Last Name	First Name	Middle Initial
Address (City/State/Zip Code)		Apartment Number

Social Security Number (Last 4 Digits)	Age	Date of Birth	TASC UUID (9 Digits)
		Month Day Year	

TASC™ Readiness Assessment Information

Under the Regulations of the Commissioner of Education 100.7 (h) (4) (xviii): "Students preparing to take the high school equivalency examination shall not be referred to that test unless they demonstrate readiness as indicated by tests approved by the Commissioner."

TASC™ Readiness Assessment Scores — Initial Test Date _____

Reading ___	Writing ___	Math ___	Science ___	Social Studies ___	Total ____

Signature Section *By signing below (in blue ink) I verify that the above applicant is being referred by a NYSED coded (AHSEPP, adult or non-funded) preparation program. In addition, I verify that the applicant has reached Maximum Compulsory School Attendance Age (MCSAA) and has met an additional qualification to test. New York State required MCSAA is reached when the school year in which the student turns 16 has ended (June 30). Some districts, including New York City, have a higher MCSAA - June 30th of the year a student turns 17 - as the board of education of the school district designates MCSAA as described in Section 3205(3) of Education Law.*

_____
Signature of Preparation Program Official — Date

_____
Print or Type Official's Name

(____)_____ _____
Phone Number — **Required E-mail Address**

Place Official Seal or Stamp Here

ELL/AHSEPP Student:

☐ Applicant is currently enrolled in an approved Alternative High School Equivalency Preparation Program (AHSEPP) and has been officially designated as an English Language Learner (ELL). I am requesting an adjustment to allow this student one and one-half times (1.50) testing on the TASC™ subtests.

Signature of AHSEPP staff affirming above: _____ Date: _____

Email of AHSEPP Staff:_____

School district: _____ School building: _____