

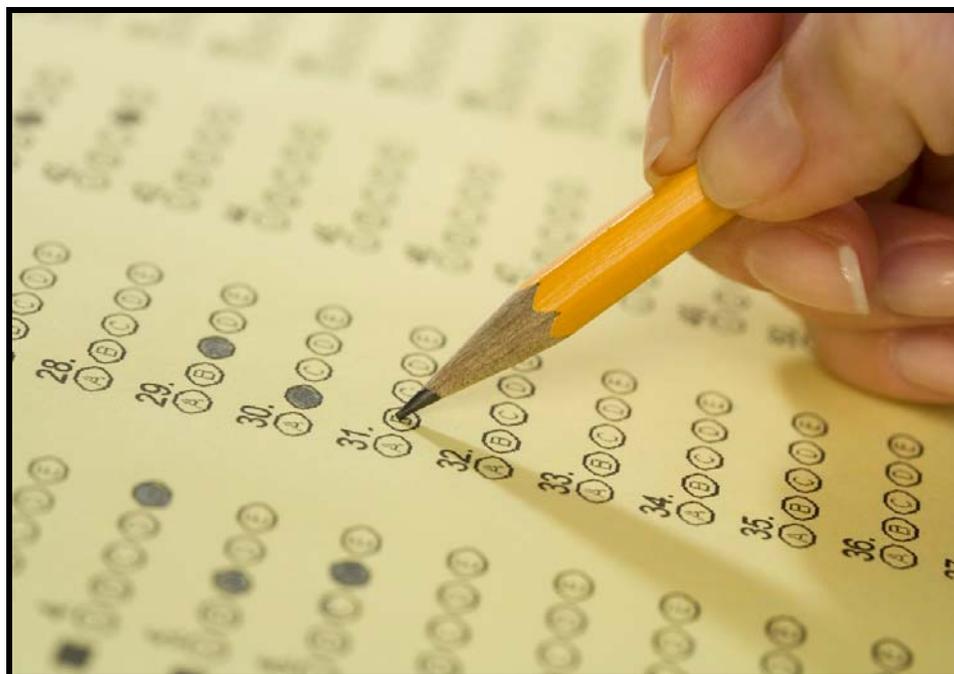


UNIVERSITY OF THE STATE OF NEW YORK
STATE EDUCATION DEPARTMENT



HIGH SCHOOL EQUIVALENCY TEST FORMS 2015

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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**

**High School Equivalency (HSE) Forms (2015)
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 (CTB McGraw-Hill)	TASC™ Security Checklist	Test Center staff inventory secure materials upon receipt from CTB McGraw-Hill using this form.	CTB McGraw-Hill 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 Application 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 have been Home Schooled	To confirm a 17 or 18 year old applicant's eligibility to take the TASC™ Test when he/she (1) has been out of high school for a year or (2) whose class has already graduated, or (3) was 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/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/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/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 eligibility to take 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 (CTB McGraw-Hill)	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 (2015)
During Test Administration**

Form	Form Name	Reason for Form	Where Form Gets Sent to	Form #
Appendix C (CTB McGraw-Hill)	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™ Examiner/Coordinator 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 (CTB McGraw-Hill)	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 (2015)
After Test Administration**

Form	Form Name	Reason for Form	Where Form Gets Sent to	Form #
Appendix K-1 (CTB McGraw-Hill)	Group Information Sheet (GIS)	This form is used to record the number of examinees tested and the name of the Examiner	The completed form gets mailed to CTB McGraw-Hill with examinees completed test materials. Test centers should keep a copy of the GIS form for their records.	17
Appendix K-2 (CTB McGraw-Hill)	Test Site List (TSL)	TSL is filled out by the TASC™ Coordinator 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 (CTB McGraw-Hill)	TASC™ Incident/Irregularity Report	TASC™ Coordinator 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 CTB McGraw-Hill and NYSED.	19

**High School Equivalency (HSE) Forms (2015)
Sample TASC™ Answer Booklet**

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

**High School Equivalency (HSE) Forms (2015)
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 participated in a TASC™ testing session.	Mailed to NYSED within 5 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 5 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.	Scan and E-mailed, or Faxed to NYSED to indicate a test center address change.	23

Before Test Administration Forms





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 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:

Center Number: _____ Center Name: _____

Center Address: _____

Center City: _____ State: _____ Zip Code _____

Email (required): _____

Phone Number: (____) _____ Fax Number: (____) _____
Area Code Area Code

Reason for Request (check one): Replacing current TASC™ Coordinator
 New / 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 preparation of the examinees to take the TASC™ Test.

Appointee Signature: _____ Requested Date: ____/____/____
mm dd yyyy

NYSED HSE Administrator Signature: _____ Approved Date: ____/____/____
mm dd yyyy



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) 474-8940; FAX: (518)486-1751
<http://www.acces.nysed.gov/>

TASC™ Supply Order Form

This form is to be completed by the TASC™ Coordinator/Examiner and sent to the New York State Education Department to request supplies for the administration of the TASC™ Test.

Test Center Requester Information:		
Coordinator/Examiner Name: _____	Telephone: (____) _____	
Test Center Number: _____ Test Center Name: _____		
Street _____ State _____ Zip _____		
Coordinator/Examiner E-mail Address: _____		
Today's Date: ____/____/____ <small>dd mm yyyy</small>	Supplies Needed By: ____/____/____ <small>dd mm yyyy</small>	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		

*Indicate which color scratch paper requested.

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

Note: Additional TASC™ Test Books and Answer Booklets must be requested from CTB McGraw-Hill. T-TAF Forms, which replace the scannable TAF Forms may be found at: <http://www.acces.nysed.gov/ged/documents/attach-a.pdf>

Notes:

The completed form must be faxed at least two (2) weeks before the test date to (518) 473-3859.

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/ged/forms.html>

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/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 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 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 three (3) 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/ged/forms.html>

9.	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

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

In New York State an applicant must be 19 years of age or older by the day of testing in order to take the TASC™ Test without having to supply additional 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* _____ - _____ - _____	O R	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* ____/____/____ mm dd yyyy	13.	Gender* Male 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 <input type="checkbox"/> More than one of the above categories		
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 <input type="checkbox"/> Other _____		
17.	Primary E-mail Address _____ Alternate E-mail Address _____		
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 www.access.nysed.gov/hse/nys_map/counties.html Test Center Name* _____ 3-Digit Test Center Code _____
22.	Preferred Test Date(s) for the test center noted in item number 22* First-Choice ____/____/____ Second-Choice ____/____/____
23.	Test Mode Indicate whether you wish to take the test as a Paper-Based-Test (PBT) or a Computer-Based-Test (CBT). Check the list of testing centers with test center code found at www.access.nysed.gov/hse/nys_map/counties.html 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 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 5 subtests noted	

I. Testing Accommodations

27.	Have you applied for TASC™ testing accommodations due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> I applied for testing accommodations, but I have not received a decision from CTB McGraw-Hill. <input type="checkbox"/> I applied for testing accommodations to CTB McGraw-Hill and my request was not approved. <input type="checkbox"/> I applied for testing accommodations and my request was <u>approved</u> by CTB McGraw-Hill. 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 <input type="checkbox"/> English Print <input type="checkbox"/> Spanish Print <input type="checkbox"/> English Audio <input type="checkbox"/> Spanish Audio <input type="checkbox"/> English Braille <input type="checkbox"/> Spanish Braille <input type="checkbox"/> Large Print	

J. 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/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. EXAMINEE SIGNATURE _____ DATE ____/____/____	
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K. Parent or Guardian Signature (Required for all First-Time and Returning Applicants under the age of 18)

31.	By signing below I am verifying that the information contained in this application for my son/daughter is true to the best of my knowledge. I give permission for my son/daughter to take the TASC™ test. PARENT OR GUARDIAN SIGNATURE _____ DATE ____/____/____	
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ATTACHMENT B

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

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 HAVE BEEN HOME SCHOOLED

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

PLEASE PRINT CLEARLY 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 affix <i>Attachment B</i> to your completed and signed <i>Attachment A 'Application for TASC™ Testing.'</i>				
	Last Name		First Name		Middle Initial
	Social Security Number or Government ID		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Age	Date of Birth ____ / ____ / _____
	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).

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/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 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

PLEASE PRINT CLEARLY IN BLUE INK

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 <i>Attachment-D</i> to your completed and signed <i>Attachment A (Application for TASC™ Testing)</i> .		
	Last Name	First Name	Middle Initial
	Social Security Number or Government ID	Age	Date of Birth ____ / ____ / ____ Month / Day / Year

** "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).

To be Completed by Institution Official	<input type="checkbox"/> 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.		
	<input type="checkbox"/> 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 combined TASC™/GED® test scores.		
	<input type="checkbox"/> 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 combined TASC™/GED® test scores.		
	(PLEASE PRINT) Official name and title of Job Corps official, military recruiting officer or college admission officer		
	_____		_____
	Official Name		Title
	Name of Organization		Phone Number ()
	Street Address		
	E-Mail Address		
	City	State	

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.

ALL SECTIONS TO BE COMPLETED BY FACILITY, INSTITUTION OR AGENCY IN BLUE INK

Program Information	Name of Facility/Institution/Agency		Test Center Code
	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 affix its official seal or stamp. Attach this <i>Attachment-E</i> to the applicants completed and signed <i>Attachment A (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
	Address	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
_____	_____	_____
	Authorized Signature from Facility/Institution	Date



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 residents 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 fills out this form which must then be notarized. In addition, the examinee must provide a copy of a passport or visa which shows his/her initial date of arrival in the United States.

PLEASE PRINT CLEARLY IN BLUE INK

Applicant Information	Fill in your name, Social Security Number, age and date of birth. Attach this <i>Attachment-F</i> to your completed and signed <i>Attachment A (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	
	Address	City	State	Zip Code	

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)."

Witness Information	To be completed by applicant’s parent, guardian, sponsor or spouse		
	Last Name		Middle Initial
	First Name		Middle Initial
Relationship to Applicant or Title and Name of Sponsoring Agency			

To Be Signed in Blue Ink by Applicant, Witness and Notary Public

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



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

Prep Program Information

PLEASE PRINT CLEARLY IN BLUE INK

Name of TASC™ Preparation Program		5-Digit Prep Program Code		
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (Street/P.O. Box)				
City		State	Zip Code	

Applicant Information

Last Name		First Name		Middle Initial
Address				Apartment Number
Social Security Number or Government ID	Age	Date of Birth		
		____/____/____	Month	Day Year

*Maximum compulsory school attendance age is reached when the school year in which the student has turned 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).

TASC™ Readiness Assessment Information

Under Commissioner's Regulations 100.7 (1) (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		Test Date ____/____/____
Mathematics _____	Reading _____	Science _____
Social Studies _____	Writing _____	Total _____

Signature Section: By signing below (in blue ink) I verify that the above named applicant has reached "maximum compulsory school attendance age*" and has been referred by the Preparation Program listed above. It is my understanding that the applicant may not take the TASC™ Test until July 1st of the year in which he/she turned 16 or such older maximum age as referenced above. I also verify that the applicant demonstrates readiness to test as evidenced by scores on the TASC™ Readiness Assessment and/or observed academic performance.

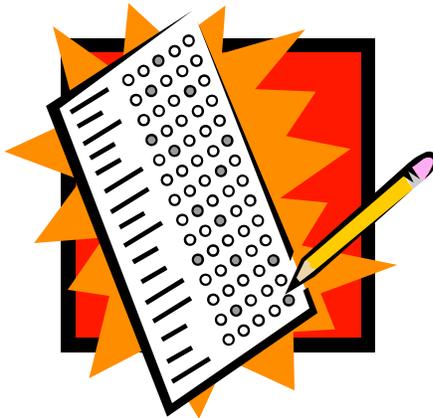
 Signature of Preparation Program Official Date

 Print or Type Official's Name

(____) _____
 Phone Number Required E-mail Address



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 ____/____/____	<input type="checkbox"/> PBT	<input type="checkbox"/> CBT
TASC™ Coordinator/Examiner Name:			

**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 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"/> Assistice 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)	Signature or Parent, Guardian*	Date
*Applies only to examinees under age 18		
TASC™ Coordinator/Examiner Signature		Date

02/25/2015

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).**

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				
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"/>	

***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).**

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				
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"/>	

***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).**

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				
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"/>	
90.									<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).**

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				
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/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).**

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				
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"/>	
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"/>	

***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).**

Eligibility Codes

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.		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 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.		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	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: $a^2 + b^2 = c^2$

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

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

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

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

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



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

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

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

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

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

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

After Test Administration Forms



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

EXAMINER NAME																									
A	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	B			
C	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	D			
E	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	F			
G	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	H			
I	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	J			
K	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	L			
M	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	N			
O	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	P			
Q	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	R			
S	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	T			
U	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	V			
W	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	X			
Y	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	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/Examiner must mail the completed Test Site List (TSL) to CTB McGraw-Hill in Indianapolis, Indiana as part of the completed test materials packet.

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

Appendix H

TASC™ Incident/Irregularity Report

Date of Incident: _____ / _____ / _____ Month Day Year	Time of Incident _____ am _____ pm
TASC™ Examiner: Print Name: _____ Signature: _____	TASC™ Coordinator: Print Name: _____ Signature: _____

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): _____

Description of the Incident* _____

Reported to NYS Administrator? Yes No If "Yes", _____ / _____ / _____
Month Day Year Time Reported

Instructions Provided: _____

Action(s) Taken: _____

Reported to CTB McGraw-Hill? 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

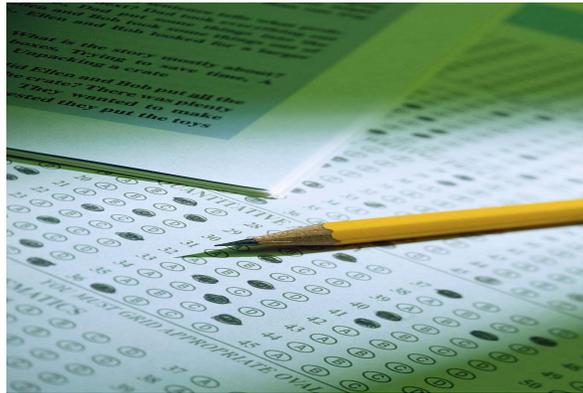
How Resolved? _____

Actions taken to ensure this will never happen again* _____

Future action(s) Planned: _____

*Use additional sheets as needed.

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—to be completed by the Administrator prior to testing.

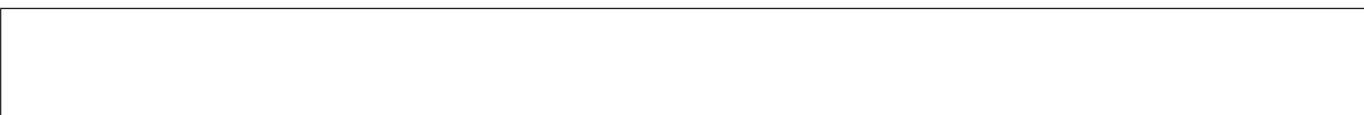
NOTES:

- 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: _____

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





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7

Accommodations

(For official use only—to be completed by the Examiner at the time of testing)

Accommodation <i>(The following accommodations are ONLY to be used with formal approval)</i>	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"/> Y
Large Print	<input type="radio"/> Y
Audio CD <i>(Note: Record audio format by marking the appropriate bubble next to "Audio/Alternate Presentation" in grid 7 – Accommodations)</i>	<input type="radio"/>

9

Examiner Certification

- 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.
- I certify that this Examinee received the test booklet assigned by the Administrator as indicated on the first page of this document.

Examiner's Signature

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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 



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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
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6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

17

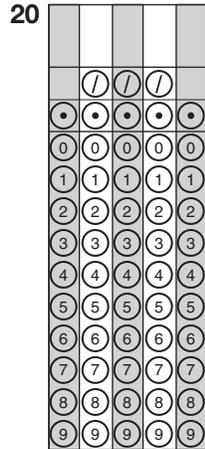
/	/	/		
.
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2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

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

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



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

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

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

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

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

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

24 See Below

24



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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

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

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

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)

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

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

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

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

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



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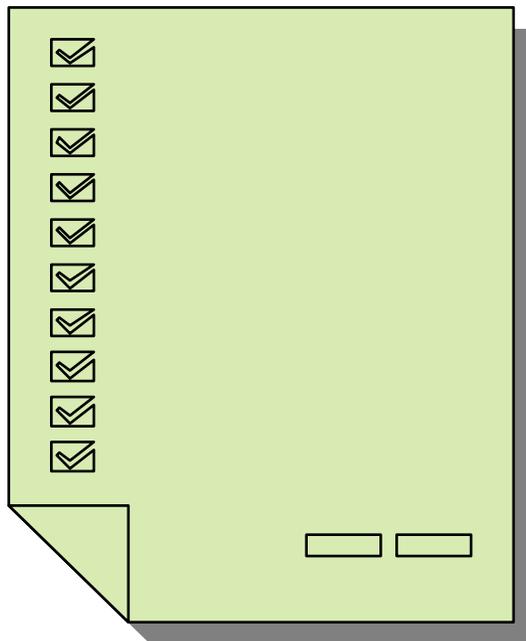
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Other



PLEASE PRINT

Test Center Name Edwin Stanton War Test Center Number 000
center

NAME LAST (LAST) <u>Lincoln</u> (FIRST) <u>Abraham</u> (MIDDLE) _____		SOCIAL SECURITY NUMBER <u>999-99-9999</u> <small>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.</small>	
ADDRESS NUMBER (NUMBER) <u>1600</u> STREET (STREET) <u>Pennsylvania Avenue</u> (APT #) <u>Q</u>		TEST FORM ID <u>00000000</u>	
CITY (CITY) <u>Washington, DC</u> (STATE) <u>DC</u> (ZIP CODE) <u>20500</u>		PAPER BASED TEST (PBT) <input type="checkbox"/> COMPUTER BASED TEST (CBT) <input type="checkbox"/>	
DATE OF BIRTH <u>2/12/1809</u>	AGE <u>53</u>	TELEPHONE NUMBER <u>202 111-1111</u>	
HAVE YOU PREVIOUSLY TAKEN THE TASC™ TEST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		HAVE YOU PREVIOUSLY TAKEN THE GED® TEST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Date last tested ___/___/___		Date last tested ___/___/___	
FIRST DATE OF TESTING <u>5/10/1862</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 614589
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

A Lincoln SIGNATURE IN PENCIL

07/11/1862 DATE

NEW YORK STATE HIGH SCHOOL EQUIVALENCY TESTING PROGRAM

ENVELOPE FOR RETURN OF TEST MATERIALS TO NYSED

DATE(S) OF TEST _____

___ PAPER BASED TEST (PBT)

NUMBER TESTED _____

___ COMPUTER BASED TEST (CBT)

COORDINATOR/EXAMINER _____

TEST CENTER NAME _____

TEST CENTER NUMBER _____

___ 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 Information Request (2015)

Test Center Name		3-Digit Test Center #	
Test Center Address Where Students Test	Street		
	City	State	Zip Code -
Secure Inventory Test Center Address	Street		
	City	State	Zip Code -
Non Secure Inventory Test Center Address*	Street		
	City	State	Zip Code -

**If the secure inventory address is the same as the non-secure inventory address write "same address" in the street field.*

TASC™ Coordinator (Individual Who Signs the Contract) A test center can have only one TASC™ Coordinator of Record.

First Name	MI	Last Name	Telephone Number	Fax Number	E-Mail Address
			() - Ext	() -	

TASC™ 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 Information Request (2015) to the New York State Education Department by December 31, 2014 so that we can update our records in preparation for testing year 2015.

Print Name _____ Signed _____ Date _____