



ADULT EDUCATION PROGRAMS AND POLICY
89 WASHINGTON AVE., Rm 460 EBA
ALBANY, NEW YORK 12234
(518) 474-8940; FAX: (518)486-1751
<http://www.acces.nysed.gov/>

HSE Preparation Program Code Request Form

Name of Center &/or Organization:

Address/Location:

Sponsoring Agency:

Contact Person and Title:

Phone Number: - - ext.

Fax Number: - -

Email address of Contact Person:

Prep Program Director/Coordinator:

Phone Number: - - ext.

Fax Number: - -

Email address of Director/Coordinator:

Age range of students in program: 16-18 19+

Assessment used to evaluate incoming students:

Approximately how many students per month/year will be referred for HSE Testing: M/ Y

Assessment/indicator used to determine readiness for HSE testing referral:

Do students pay any fees for HSE classes?

What is/are the program's funding source/s?

FOR SED EDUCATION DEPARTMENT USE ONLY

Information review Date: _____

Reviewed by: _____

HSE Prep Code Issued: _____

Date Issued: _____

Notes: _____

Send to Susan who will pass it on _____