

PROPOSED TASC™ PAPER-BASED TESTING SCHEDULE

This form must be completed by all approved Public Testing Centers intending to administer the TASC™ Test using paper and pencil. The information contained in this form will be posted by the New York State Education Department at <http://www.acces.nysed.gov/hse/hse-testing-maps> to help examinees select a testing location, testing date, and testing mode (PBT or CBT). Please send the completed form to: (1) the New York State Education Department, High School Equivalency Office, 89 Washington Avenue, EBA 460, Albany, NY 12234, or (2) fax it to (518) 474-0319; or (3) e-mail it to HSE@nysed.gov.

3-Digit Test Center Number	Test Center Name		
Testing Site Addresses:			
Physical Address (Where Test)	Street Address	City	State Zip Code
Mailing Address	(PO Box or Street Address)	City	State Zip Code
Testing Center County:	Testing Center Telephone Number ()- - ext.		

List of Proposed Paper-Based Testing (PBT) Sessions

Day One (1) of Testing		Day Two (2) of Testing		Day One (1) of Testing		Day Two (2) of Testing	
Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing (mm/dd/yyyy)	Arrival Time (HR + am/pm)
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PROPOSED TASC™ PAPER-BASED TESTING SCHEDULE (Continued)

List of Proposed Paper-Based Testing (PBT) Sessions (Continued)

Day One (1) of Testing		Day Two (2) of Testing		Day One (1) of Testing		Day Two (2) of Testing	
Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing mm/dd/yyyy	Arrival Time (HR + am/pm)	Date of Testing (mm/dd/yyyy)	Arrival Time (HR + am/pm)
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Test Center Coordinator/Examiner First and Last Name :
Test Center Coordinator/Examiner E-mail :
 Rev. 11/2018

Coordinator/Examiner Signature

mm / dd / yyyy

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3-Digit Testing Center Number:

Testing Center Name: