

**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**

**FILLABLE FORM. PLEASE TYPE.**

|                                   |       |   |  |  |  |  |  |
|-----------------------------------|-------|---|--|--|--|--|--|
| Name of TASC™ Preparation Program |       | 5-Digit Prep Program Code<br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> |  |  |  |  |  |
|                                   |       |   |  |  |  |  |  |
| 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)<br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |     |            |  |                | Age              | Date of Birth<br><table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> <td style="border-bottom: 1px solid black; width: 20%;"></td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |  |  |  | Month | Day | Year |  |  |  | TASC UUID (9 Digits)<br><table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |
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|  |     |            |  |                |                  |   |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Month  | Day | Year       |  |                |                  |   |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |     |            |  |                |                  |   |  |  |  |  |  |  |       |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |

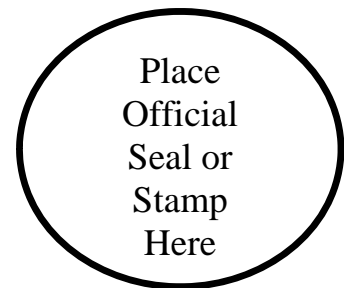
**TASC™ Readiness Assessment Information**

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 |



**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: \_\_\_\_\_