

# ELIGIBILITY FORM FOR STUDENTS NEEDING EXTENDED TESTING TIME

Students must be registered prior to the submission of this form. Complete this form for approval and mail/email\* it to the appropriate Diocese. **Forms will not be accepted after October 9, 2020. Use of certified mail is strongly recommended for tracking purposes; any undelivered or delayed forms are not the responsibility of the TACHS Exam Office or the Diocese. Approval will be sent via email or USPS. If you do not receive verification of approval for extended time by October 16, 2020, contact your aligned Diocese immediately. Absolutely no exceptions to or extensions of the deadline will be accepted/allowed.**

\* For Diocese of Brooklyn/Queens and Archdiocese of New York, use USPS *or* email (not both). For Diocese of Rockville Centre (Long Island) use email only.

**Please mail or email this form and accompanying documentation to:**

Diane Phelan  
Diocese of Brooklyn/Queens  
310 Prospect Park West  
Brooklyn, NY 11215  
[dphelan@diobrook.org](mailto:dphelan@diobrook.org)

Carmen Leon  
Archdiocese of New York  
1011 First Avenue  
New York, NY 10022  
[secondary.schools@adnyeducation.org](mailto:secondary.schools@adnyeducation.org)

Diocese of Rockville Centre  
(Long Island)  
[support-a@chsee.org](mailto:support-a@chsee.org)

**Student Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  
Last First MI Month Day Year

**Mailing Address** \_\_\_\_\_ **Telephone #** \_\_\_\_\_  
Number and Street Apt. Area Code Number  
 \_\_\_\_\_  
City State Zip Code

**Current Elementary School** \_\_\_\_\_ **Gender**    
School Name School Code Male Female

**REQUIRED:** I have registered my child for the TACHS online or via telephone.  
 My child's TACHS ID is \_\_\_\_\_.

**Eligibility**

- Which disability qualifies the student for extended time?  
 Visual     Physical     Learning     Hearing     Other (Describe)  
 \_\_\_\_\_  
 Temporary (Describe)  
 \_\_\_\_\_
- What type of documentation states the need for extended time? (Time accommodation for TACHS is time and a half.)  
 *Current IEP or IESP*—Student's IEP must specifically state that extended testing time is an allowable accommodation and be dated within 12 months of the test dates.  
 *504 Request/Plan* (completed yearly) or current educational evaluation by medical/psychological professional (completed within the past three years) that must specifically state extended testing time is an allowable accommodation.
- **A copy of the documentation must be submitted with this form. This application for extended time will not be processed without accompanying documentation.**

**Parent and Principal Agreement: We, the undersigned, agree that the above information is correct, that this application shall be part of the applicant's student record, and that the above-mentioned student is eligible to apply for extended testing time for the TACHS 2020.**

\_\_\_\_\_  
 Parent or Legal Guardian's Signature Date

\_\_\_\_\_  
 Principal's Printed Name Area Code Phone Number

\_\_\_\_\_  
 Principal's Signature Date