

ELIGIBILITY FORM FOR STUDENTS NEEDING EXTENDED TESTING TIME

You must complete this form for approval of your request and mail it to the appropriate diocese. **Do not mail this form to the TACHS Examination Office.** Students must be registered prior to the submission of this form. **Forms must arrive by October 11, 2019.**

Please mail this form and accompanying documentation to:

Diane Phelan
Diocese of Brooklyn/Queens
310 Prospect Park West
Brooklyn, NY 11215

Carmen Leon
Archdiocese of New York
1011 First Avenue
New York, NY 10022

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) which must specifically state that 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 2019.

Parent or Legal Guardian's Signature Date

Principal's Printed Name Area Code Phone Number

Principal's Signature Date