

REFERRAL FORM FOR NEW YORK STATE TASC™ TEST APPLICANTS ENROLLED IN AN APPROVED ALTERNATIVE HIGH SCHOOL EQUIVALENCY PREPARATION (AHSEP) PROGRAM, AN ADULT PREPARATION PROGRAM OR A NON FUNDED NYSED CODED PROGRAM

Prep Program Information

PLEASE PRINT CLEARLY IN BLUE INK

Name of TASC™ Preparation Program		5-Digit Prep Program Code <table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					
Address (Street/P.O. Box)							
City	State	Zip Code					

Applicant Information

Last Name	First Name	Middle Initial																														
Address		Apartment Number																														
Social Security Number <table border="1"> <tr> <td> </td> </tr> </table>											Age	Date of Birth <table border="1"> <tr> <td> </td> </tr> <tr> <td colspan="3">Month</td> <td colspan="2">Day</td> <td colspan="5">Year</td> </tr> </table>											Month			Day		Year				
Month			Day		Year																											

TASC™ Readiness Assessment Information

Under Commissioner's Regulations 100.7 (1) (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		Test Date _____
Mathematics _____	Reading _____	Science _____
Social Studies _____	Writing _____	Total _____

Signature Section *By signing below (in blue ink) I verify that the above applicant is being referred by any NYSED coded (AHSEP, adult or non-funded) preparation program. In addition, I verify that the applicant has reached "maximum compulsory school attendance age." Maximum compulsory school attendance age is reached when the school year in which the student has turned 16, or such older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 3205(3) of Education Law has ended (June 30). It is my understanding that the applicant may not take the TASC™ Test until July 1st of the year in which he/she turned 16 or such older maximum age as referenced above. I also verify that the applicant demonstrates readiness to test as evidenced by scores on the TASC™ Readiness Assessment and/or observed academic performance.*

 Signature of Preparation Program Official Date

 Print or Type Official's Name

(_____) _____
 Phone Number Required E-mail Address

