

# 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 7, 2016.**

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

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

Mayra Diaz  
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 2016.**

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

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

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