

# ELIGIBILITY FORM FOR STUDENTS NEEDING EXTENDED TESTING TIME

Students must be registered prior to the submission of this form. Complete this form and email it to the appropriate Diocese for approval. **Forms will not be accepted after October 3, 2025. Any undelivered email or delayed forms are not the responsibility of the TACHS Exam Office or the Diocese. Approval will be sent via email. If you do not receive verification of approval for extended time by October 10, 2025, contact your aligned Diocese immediately. Absolutely no exceptions to or extensions of the deadline will be accepted/allowed.**

## Please email this form and accompanying documentation to:

TACHS Coordinator  
Diocese of Brooklyn/Queens  
(Brooklyn and Queens students)  
[redob.hs.exam@diobrook.org](mailto:redob.hs.exam@diobrook.org)

Carmen Leon  
Archdiocese of New York  
(Bronx, Manhattan, Staten Island,  
Westchester, and Upper Counties  
students)  
[secondary.schools@adnyeducation.org](mailto:secondary.schools@adnyeducation.org)

Diocese of Rockville Centre  
(Long Island)  
(Long Island students)  
[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 a mandated accommodation, and be dated within 12 months of the test dates.

*Student's 504 Request/Plan* (completed yearly) or current educational evaluation by a licensed medical or psychological professional (completed within the past three years) recommends the student receives extended testing time.

- 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 2025.**

Parent or Legal Guardian's Signature

Date

Principal's Printed Name

Area Code

Phone Number

Principal's Signature

Date