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 2, 2026. 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 9, 2026, 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)
rcdob.hs.exam@diobrook.org

Archdiocese of New York
(Bronx, Manhattan, Staten Island, Westchester, and Upper Counties students)
secondary.schools@adnyeducation.org

Diocese of Rockville Centre
(Long Island)
(Long Island students)
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** ❑ 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 2026.

_____
Parent or Legal Guardian's Signature Date

_____
Principal's Printed Name Area Code Phone Number

_____
Principal's Signature Date