

ELIGIBILITY FORM FOR STUDENTS REQUESTING TESTING ACCOMMODATIONS

Please print or type

STUDENT'S NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Number) (Street) (Apt.)

(Town) (State) (Zip Code)

TELEPHONE: _____
(Area Code) (Number)

STUDENT'S DATE OF BIRTH: _____
(Mo/Da/Yr)

PARENT E-MAIL ADDRESS: _____

A response will be sent to the parent via e-mail to confirm the request for an accommodation.

ELIGIBILITY For which accommodation are you applying?

Extended Time Enlarged Print

Extended Time and Enlarged Print

Current IEP or 504 must specifically state that extended testing time and/or enlarged print is an allowable accommodation.

This application for accommodations will not be processed without accompanying documentation.

PARENT AGREEMENT: verify that the above information is correct and that the above-mentioned student is eligible to apply for extended testing time and/or enlarged print for the CHSEE 2010.

(Parent Signature)

(Date)

DO NOT return this form to the CHSEE Examination Office

Return completed form along with accompanying documentation to:

Dr. Joanne O'Brien
Diocese of Rockville Centre
P.O. Box 9023
50 North Park Avenue
Rockville Centre, NY 11570

Forms must arrive by October 1, 2010