

## TASC PROGRAM APPLICATION

**SEND ALL APPLICATIONS TO SUSAN TRIPP VIA EMAIL (stripp@tstboces.org), MAIL OR FAX (607-257-2958)**

### **SECTION A: STUDENT AND PARENT/GUARDIAN INFO**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Student ID#: \_\_\_\_\_ Sex M  F  Grade \_\_\_\_\_

Ethnicity: Hispanic, Latino, or Spanish origin?  Yes  No

Race:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Parent/ Guardian Email \_\_\_\_\_ Student Email \_\_\_\_\_

### **SECTION B: ACADEMIC/SCHOOL/SOCIAL HISTORY** *(A complete student transcript, testing records and health records MUST be forwarded and this section must be completed.)*

Name of school district  
personnel completing this section \_\_\_\_\_ Title: \_\_\_\_\_

Name of School Counselor if not person listed above: \_\_\_\_\_

Referring School District: \_\_\_\_\_ Current Placement: \_\_\_\_\_

Year student entered 9<sup>th</sup> grade: \_\_\_\_\_ Total credits necessary for graduation: \_\_\_\_\_ Number of credits earned to date: : \_\_\_\_\_

Is a variance necessary? Yes  No  Has variance been approved by the State? Yes  No

Please indicate the primary reason(s) for suggesting an alternative placement for this student: \_\_\_\_\_  
\_\_\_\_\_

Has this student been referred to your school District's Committee on Special Education? Yes  No

If yes, was pupil classified? Yes  No  Classification: \_\_\_\_\_

**SECTION B: ACADEMIC/SCHOOL/SOCIAL HISTORY** (Continued)

Has TABE been requested? Yes  No  TABE Date \_\_\_\_\_

Has this student received any school-based psychological or counseling services? Yes  No

If yes, complete the following:      SERVICES RENDERED                      SERVICE PROVIDER

_____	_____
_____	_____
_____	_____

**IMPORTANT CHECKLIST**

(Please attach these forms before sending the application)

- |  |  |
|--|--|
| <input type="checkbox"/> STUDENT TRANSCRIPT                      | <input type="checkbox"/> ATTENDANCE RECORD   |
| <input type="checkbox"/> MOST RECENT REPORT CARD                 | <input type="checkbox"/> DISCIPLINARY REPORT   |
| <input type="checkbox"/> COUNSELING/PSYCH REPORT (IF APPLICABLE) | <input type="checkbox"/> CDOS DOCUMENTATION (IF APPLICABLE)<br>(HOURS, CAREER PLAN, EMPLOYABILITY PROFILE) |
| <input type="checkbox"/> MOST RECENT IEP (IF APPLICABLE)         |  |

**SECTION C: ADMINISTRATION** (To be completed by the home school district)

The \_\_\_\_\_ recommends that \_\_\_\_\_  
(School district) (Student name)

be considered for admission into the TASC Program:

- As soon as possible.     Other (please specify date) \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

CSE Chair Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_  
(Indicates School Superintendent and Special Education Committee are in support of the referral)

Superintendent Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(for non CSE students)