

TASC PROGRAM APPLICATION

SEND ALL APPLICATIONS TO KATRINA KLEE VIA EMAIL (kklee@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 9th 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)
(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)