

Eligibility Form for Students Needing Extended Testing Time

This form must be received at one of the following offices by October 13, 2017: No Exceptions

Archdiocese of Newark: (Counties of Bergen, Essex, Hudson, Union, NJ or Rockland Co., NY)

Barbara Dolan, 171 Clifton Avenue, Newark, NJ 07104

Diocese of Paterson: (Counties of Morris, Passaic, or Sussex, NJ)

COOP Coordinator, 777 Valley Road, Clifton, NJ 07013

STUDENT NAME (Print)

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Last

First

MI

BIRTH DATE

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M

M

D

D

Y

Y

MAILING ADDRESS

--

Number, Street, Apt.

City

State

ZIP

TELEPHONE NUMBER

--

Area Code

Number

CURRENT ELEMENTARY SCHOOL

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School Name

School Code

(if public, write "999")

GENDER (circle one)

M	F
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ELIGIBILITY

- What is the disability that qualifies the student for extended testing time?
The extended testing time accommodation MUST be prescribed on the student's IEP,ISP, or 504.

Temporary (describe) _____

- What type of documentation states the need for extended time?
Current IEP/ISP/504
Evaluation by a qualified medical/psychological professional (completed by conclusion of the 7th grade. Not older than three years).
- A copy of the documentation must be submitted with this form.**

Parent agreement:

I, the undersigned, agree that the above information is correct and that the above-mentioned student is eligible to apply for extended testing time for the 2017-2018 Cooperative Admissions Examination. Enclosed is a copy of the documentation referred to above.

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Parent's or Legal Guardian's Signature

Date

DO NOT RETURN THIS FORM TO NJCOOPEXAM OR STS. RETURN TO ADDRESS AT TOP OF FORM.

This application for extended testing time will not be processed without accompanying documentation. In addition to submitting this form, you must also register for the test at www.njcoopexam.org.