

# Eligibility Form for Students Needing Extended Testing Time

**This form must be received at one of the following offices by October 18, 2024: No Exceptions**

**Archdiocese of Newark:** (Counties of Bergen, Essex, Hudson, Union, NJ, or Rockland Co., NY)  
**Schools Office-COOP, P.O. Box 9500, 171 Clifton Avenue, Newark, NJ 07104-0500**

**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./Floor

City

State

ZIP

TELEPHONE NUMBER

--

Area Code

Number

E-Mail:

--

CURRENT ELEMENTARY SCHOOL

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School Name

School Code

(if not a participating school write "999")

GENDER

<input type="checkbox"/> M	<input type="checkbox"/> F
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## ELIGIBILITY:

What qualifies the student for extended testing time? (check one)

- The extended testing time accommodation is prescribed in the student's attached IEP/ISP/504/A6044.
- Temporary (describe): \_\_\_\_\_

What type of documentation are you providing to support the request for extended time? (check one)

- Current IEP/ISP/504/A6044 (**Within past three years**). Submit the cover page showing the student's name, birthdate and date of evaluation/re-evaluation **and** the page stating the accommodation of additional time for testing
- Summary of an evaluation by a qualified medical/psychological professional indicating the need for additional time for testing (**Within past two years**)

***This application will not be processed if required documentation is not submitted.***

## 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 2024-2025 Cooperative Admission Program HSPT. **A copy of the required documentation is attached.**

Parent's or Legal Guardian's Signature

Date

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

**\*IN ADDITION TO SUBMITTING THIS FORM, YOU MUST REGISTER FOR THE HSPT TEST AT**

**WWW.NJCOOPEXAM.ORG\***