



## Regents Examination Ranging Application

Please complete all information.

NAME: \_\_\_\_\_

(Mr./Mrs./Ms.)

(First)

(Last)

School District: \_\_\_\_\_

School Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Zip: \_\_\_\_\_

School Telephone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

School Email: \_\_\_\_\_

Principal: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Telephone : (\_\_\_\_) \_\_\_\_\_ Home Email: \_\_\_\_\_

Best Way to Reach You (email, phone): \_\_\_\_\_ Best Time of Day to Reach You: \_\_\_\_\_

Education: BA/BS: \_\_\_\_\_ MA/MS: \_\_\_\_\_ Other: \_\_\_\_\_

Certification Area(s): \_\_\_\_\_

Names of Subject(s) Taught: \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

\_\_\_\_\_

No. of Years Teaching Subject: \_\_\_\_\_

Current Position: \_\_\_\_\_

Today's Date: \_\_\_\_\_

(Continued on next page)

Please check the boxes below that describe your school.

<b>District Type</b>	<b>Location</b>
<input type="checkbox"/> New York City	<input type="checkbox"/> Long Island
<input type="checkbox"/> Large City	<input type="checkbox"/> New York City
<input type="checkbox"/> Small City	<input type="checkbox"/> Lower Hudson
<input type="checkbox"/> Suburban	<input type="checkbox"/> Mid-Hudson
<input type="checkbox"/> Rural	<input type="checkbox"/> Capital District
<input type="checkbox"/> BOCES	<input type="checkbox"/> North Country/Adirondacks
<b>School Type</b>	<input type="checkbox"/> Central NY
<input type="checkbox"/> Public	<input type="checkbox"/> Western NY
<input type="checkbox"/> Nonpublic	<input type="checkbox"/> Southern Tier
<input type="checkbox"/> Charter	

<b>Race/Ethnicity (optional)</b>
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black or African American (not Hispanic origin)
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White (not Hispanic origin)
<input type="checkbox"/> Multi-Racial (not Hispanic origin)

If you have worked as an education specialist for the Office of State Assessment (OSA) in the last three years, Please: 1) describe the work, and 2) provide the dates you worked for OSA (DATES ARE REQUIRED):

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**Scoring Experience for Open-ended Constructed Response Items**

Exam(s): \_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

\_\_\_\_\_ Year(s) \_\_\_\_\_

Thank you for completing this application.

**\*\*\*Please fax the application to Attn: Mary Bell at 518-486-5765.**