

SCHOOL RECORD OF EXAMINATIONS REQUESTED

August 2023

This form may be photocopied by the school and used in the following ways:

- As a worksheet for preparing your school's online request for submission to the Department
- For circulation to the special education coordinators, department chairpersons, and other school officials for reporting their examination needs to your school's central office on a subject-by-subject basis

Be sure to retain in your files the final version of this form, which needs to match the online request submitted to the Department. You will need to use that version to check your confirmation notice, which will be sent by e-mail within three business days of the submission of your school's online exam request.

School Name: _____ **Date:** _____

REGENTS EXAMINATIONS

TITLE	Regular	Large Type	Braille	Spanish**
English Language Arts				<i>Not available</i>
Living Environment Physical Setting/			*	**