SPRING 2014
OHIO GRADUATION TESTS
Answer Document

A

STUDENT NAME

DISTRICT NAME

SCHOOL NAME

COUNTY NAME

ALIGN TOP OF LABEL HERE

If a pre-identification or generic barcode label is being used, APPLY LABEL HERE

If a student pre-identification label contains incorrect information, do NOT use it.

- Sections A, B, C, and D must be completed by all students.
- Sections E, F, and G must be completed when applicable.
- Students who do not have a pre-identification label must complete all required fields on the next page.

B TESTING GROUP NUMBER BASED ON LOCATION

Reading	Math	Writing	Science	Social Studies
0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
2 2 2	2 2 2	2 2 2	2 2 2	2 2 2
3 3 3	3 3 3	3 3 3	3 3 3	3 3 3
4 4 4	4 4 4	4 4 4	4 4 4	4 4 4
5 5 5	5 5 5	5 5 5	5 5 5	5 5 5
6 6 6	6 6 6	6 6 6	6 6 6	6 6 6
7 7 7	7 7 7	7 7 7	7 7 7	7 7 7
8 8 8	8 8 8	8 8 8	8 8 8	8 8 8
9 9 9	9 9 9	9 9 9	9 9 9	9 9 9

C TEST BOOKLET FORM CODE

READING	MATH	WRITING	SCIENCE	SOCIAL STUDIES
S V	S V	S V	S V	S V
0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

D TEST(S) TAKEN

- ◯ Reading
- ◯ Mathematics
- ◯ Writing
- ◯ Science
- ◯ Social Studies

SCHOOL USE ONLY

E. ELL/IEP STATUS

Please indicate if the student is ELL identified and/or has an IEP or 504 plan.

ELL ◯
IEP ◯
504 ◯

F. ACCOMMODATIONS

Please indicate which accommodation(s) the student used during testing.
Mark all subjects that apply.

Read Aloud (No CD)	R	M	W	S	SS
Extended Time	R	M	W	S	SS
Dictionary (ELL only)	R	M	W	S	SS
Scribe/Transcription	R	M	W	S	SS
Special Calculator		M		S	
Other	R	M	W	S	SS

G. SPECIAL VERSIONS

- ◯ Braille
- ◯ Large Print
- ◯ Language Translation

AUDIO CDs

- ◯ English
- ◯ Arabic
- ◯ Mandarin Chinese
- ◯ Spanish

If you do not have a pre-identification label, turn to page 2 to complete additional demographic information.

536466-11527010014

SERIAL#

SAMPLE

- For students who do not have a pre-identification label, please refer to the *Directions for Administration Manual* for instructions on completing this page.

H STUDENT LAST NAME | STUDENT FIRST NAME | MI

I SSID (State-assigned)

J (OPTIONAL) LOCAL STUDENT ID/DSID (Do not enter Soc. Sec. #)

K DATE OF BIRTH

Month	Day	Year
Jan		
Feb		
Mar	00	0000
Apr	11	1111
May	22	2222
Jun	33	3333
Jul	44	4444
Aug	55	5555
Sep	66	6666
Oct	77	7777
Nov	88	8888
Dec	99	9999

L GRADE
- 10
- 11
- 12
- Adult Ed.
- OGT Only
- STEM Below Grade 10

N ETHNICITY
- American Indian
- Asian/Pacific Islander
- Black/African American
- Hispanic
- White
- Multi-Racial
- Other

M GENDER
- Female
- Male

O MIGRANT STATUS
- Migrant Student

P DISTRICT IRN

Q SCHOOL IRN

SAMPLE

Ohio Department of Education

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