SPRING 2017
OHIO GRADUATION TESTS
Answer Document

OGT

A Do NOT Apply Pre-ID or Generic Label Here

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

Do NOT apply any label over this barcode

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
0 1	0 1	0 1	0 1	0 1

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.

D TEST(S) TAKEN

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

SCHOOL USE ONLY

E. EL/IEP STATUS

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

- EL ◯
- 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 (EL 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.

536766-11527010017

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	0	0		0	0	0
Apr	1	1	1		1	1
May	2	2	2		2	2
Jun	3	3			3	3
Jul		4			4	4
Aug		5			5	5
Sep		6			6	6
Oct		7			7	7
Nov		8			8	8
Dec		9		9	9	9

L GRADE
- 10 (Repeats for students first enrolled in 9th grade before 7/1/14)
- 11
- 12
- Adult Ed.
- OGT Only

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

P DISTRICT IRN

Q SCHOOL IRN

M GENDER
- Female
- Male

O MIGRANT STATUS
- Migrant Student

SAMPLE

Ohio Department of Education

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