(Oralian all)	P Testing Group Number				
(Optional) Local Student ID/DSID					
(Do not enter Soc. Sec. #)			Based o	on Location	
O Student Number		Reading	Writing	Listening	Speaking
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(D)	K	Accomm	odations	J IEP/504 Status	
E	Please indicate which accommodation(s) the			Please indicate if the student has an IEP or	
F		student used of	during testing.	504 plan.	III IEP OI
G	Mark all subjects that apply.		O IEP		
H	Read Aloud (R) (W)		504		
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J	Special Versions		M Migrant Status		
(K)	Large Print		Migrant Student		
	Braille				
M		<u> </u>			
	SCHOOL USE ONLY				

For use with grades 3–5 students only.

Student Name School Name District Name	F SSID (State-assigned)	N
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M Male		
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For use with grades 3-5 stude	ents only.	77777
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