SAMPLE

(Optional)
Local Student ID/DSID
(Do not enter Soc. Sec. #)

O Student Number

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

P Testing Group Number

Based on Location

Reading			Writing			Listening			Speaking		
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

K Accommodations

Please indicate which accommodation(s) the student used during testing.

Mark all subjects that apply.

Read Aloud R W

Scribe R W L S

L Special Versions

- ◯ Large Print
- ◯ Braille

J IEP/504 Status

Please indicate if the student has an IEP or 504 plan.

- ◯ IEP
- ◯ 504

M Migrant Status

- ◯ Migrant Student

SCHOOL USE ONLY

For use with grades 3–5 students only.

A

Student Name _____

School Name _____

District Name _____

Do NOT Affix Pre-ID Label Here

B Last Name | First Name | MI

F SSID (State-assigned)

N

Place the Student Pre-ID Label Here

H District IRN

D Ethnicity

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

C Date of Birth

Month	Day	Year
Jan	0 0	0 0 0
Feb	1 1	1 1 1 1
Mar	2 2	2 2 2 2
Apr	3 3	3 3 3
May	4	4 4 4
Jun	5	5 5 5
Jul	6	6 6 6
Aug	7	7 7 7
Sep	8	8 8 8
Oct	9	9 9 9
Nov		
Dec		

E Grade Level

3 4 5

G Gender

F Female

M Male

I School IRN

SAMPLE

Spring 2014

For use with grades 3–5 students only.

Please note that boxes J, K, L, M, O, and P are found on the inside back cover.

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