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 6–8 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)

H District IRN

N Place the Student Pre-ID Label Here

D Ethnicity

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

C Date of Birth

Month	Day	Year
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		

E Grade Level

6 7 8

G Gender

F Female

M Male

I School IRN

SAMPLE

Spring 2014

For use with grades 6–8 students only.

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

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