Spring 2014 Ohio Test of English Language Acquisition (OTELA)

Kindergarten Student Score Sheet

Student Name

Reading Items

Inventory Item Number	You may write the score in this column	You **must** bubble the **final score** in this column
R01		0 1 2 3
R02		0 1 2 3
R03		0 1 2 3
R04		0 1 2 3
R05		0 1 2 3
R06		0 1 2 3
R07		0 1 2 3
R08		0 1 2 3
R09		0 1 2 3
R10		0 1 2 3
R11		0 1 2 3
R12		0 1 2 3
R13		0 1 2 3
R14		0 1 2 3

For use with Kindergarten students only. Failure to bubble-in the final scores before submitting this Student Score Sheet to the STC will result in a score of Did Not Attempt (DNA).

Writing Items

Inventory Item Number	You may write the score in this column	You **must** bubble the **final score** in this column
W01		0 1 2 3
W02		0 1 2 3
W03		0 1 2 3
W04		0 1 2 3
W05		0 1 2 3
W06		0 1 2 3
W07		0 1 2 3
W08		0 1 2 3
W09		0 1 2 3

Listening Items

Inventory Item Number	You may write the score in this column	You **must** bubble the **final score** in this column
L01		0 1 2 3
L02		0 1 2 3
L03		0 1 2 3
L04		0 1 2 3
L05		0 1 2 3
L06		0 1 2 3
L07		0 1 2 3

Speaking Items

Inventory Item Number	You may write the score in this column	You **must** bubble the **final score** in this column
S01		0 1 2 3
S02		0 1 2 3
S03		0 1 2 3
S04		0 1 2 3
S05		0 1 2 3
S06		0 1 2 3
S07		0 1 2 3
S08		0 1 2 3

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

SAMPLE

A

Student Name _____

School Name _____

District Name _____

Do NOT Affix Pre-ID Label Here

B Last Name | First Name | MI

C Date of Birth

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

E Grade Level

K

G Gender

- F Female
- M Male

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

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

O Student Number

H District IRN

I School IRN

N

Place the student Pre-ID Label Here

F SSID (State-assigned)

D Ethnicity

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

Spring 2014

For use with kindergarten students only.

SAMPLE

283954-1 Printed in the USA by Pearson