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STUDENT SCAN SHEET

STUDENT NAME: D. Damon DISTRICT: Layton 212
 SCHOOL: Layton H.E. Teacher Contact: 2 Marvin Date: 4-24-06

STUDENT'S LAST NAME: D a m o n STUDENT'S FIRST NAME: D a m o n ID: 0000000000

FORM (Mark a Number AND a Letter)

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J	K	L

STUDENT NUMBER: 0000000000 STUDENT GRADE LEVEL: 4 Special Code(s): 0000000000

GALVAN, MADELYNN



School Pacific Union

Grade 4 Class #2



NAME: A. Abraham DATE: 4-24-06 TEST: MATH-002
 School Name: _____

PROPER MARK: IMPROPER MARKS:

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J	K	L

SUBJECT: MATH LA

RESPONSES

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J	K	L

TEACHER COVER SHEET

Only ONE Teacher Cover Sheet MUST be on top of EACH SET of Student Scan Sheets.

Teacher Name: Marvin
 District: Layton H.S.
 District: Layton 212
 Date: 4-24-06

Print your LAST NAME ONLY, use First Initial ONLY if another teacher has the same last name.

TEACHER'S LAST NAME (ONLY): Marvin ID: 0000000000

DIRECTIONS:

- Mark for Test Form.
 - Use 1/4, 1/8, or 1/16" HB PENCIL. Avoid dark pencil marks when the printer scans.
 - Use a separate Cover Sheet with each set of Student Scan Sheets for each Student Scan Sheet you administer.
- Mark your LAYTON H.S. ID #. Mark your FIRST INITIAL ONLY if another teacher has the same last name.
- Mark the last number of Student Scan Sheets administered in each class. Count the number of Student Scan Sheets ONLY. DO NOT count the Teacher Cover Sheet in this total.
- Mark the 12 test items (1-12). Mark additional test items if you are using alternate test items in the same group of students. Be sure to mark all test items in the same group. Do NOT use alternate test items in the same group of students.
- One of the sheets in this set must be Teacher Cover for each subject administered. Leave this one EMPTY.
- Use a scan sheet for each class to record the number of Student Scan Sheets administered for each subject. Mark the subject and the number of Student Scan Sheets administered for each subject.

TEST FORM (Mark a Number AND a Letter)

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J	K	L

- Use only pencils.
- Use only HB pencils.
- Use only 1/4, 1/8, or 1/16" HB pencils.
- DO NOT use dark pencil marks.
- Use only one mark per bubble.

NAME: Grade 3 Mr. Lincoln DATE: _____ TEST: _____

School Name: _____

- INSTRUCTIONS
- USE AND PENCIL ONLY
 - MARK DARK HEAVY MARKS
 - FILL RESPONSE BUBBLE COMPLETELY
 - MARK ERASERS CLEARLY

PROPER MARK: IMPROPER MARKS:

I	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J	K	L

SUBJECT: MATH LA

RESPONSES

1	2	3	4	5	6	7	8	9	10	11	12
A	B	C	D	E	F	G	H	I	J	K	L