



GROUP IDENTIFICATION FORM

Complete one of these forms for EACH GROUPING of answer sheets or scorable test booklets that requires separate identification and reporting.

Use a soft-lead (No. 2) pencil only.

GENERAL ORDER INFORMATION

Order Number (identified on packing order enclosed with shipment of materials)

Name of School or Agency

Street Address

City State Zip

If questions occur, whom may STS contact?

Name:

Phone:

TEST INFORMATION SECTION

Title of test administered:

Current Grade (K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17)

Class/Section (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30)

Level/Form (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)

Teacher's Name

Grid for Teacher's Name with letters A-Z and numbers 1-9.

High School Placement Test Only Option Test

None Science Religion options with radio buttons.

Number of Answer Sheets grid (0-9).

Date of Testing grid with Month, Day, Year columns.

Place any comments or special instructions on the back side of this sheet.

Send Scorable Documents To:

Scoring Center Scholastic Testing Service 4320 Green Ash Drive Earth City, MO 63045

SCORING CENTER USE

Vertical grid for Scoring Center Use with letters A-Z and numbers 1-9.

Vertical grid for Scoring Center Use with numbers 1-9.

T/C, S/D, EX options with radio buttons.

Vertical grid for Scoring Center Use with numbers 1-9.

Your Comments or Special Instructions

Large empty box for comments or special instructions.

SCORING CENTER USE

Scoring grid with letters A-Z and numbers 0-9.

SPECIAL CODING - SCORING CENTER USE

Special coding grid with columns for item numbers (1-15) and rows for coding (sc16-sc19).