

Do NOT Apply Pre-ID Label Here

**A**

Student Name \_\_\_\_\_

District Name \_\_\_\_\_

School Name \_\_\_\_\_

County Name \_\_\_\_\_

# Ohio's State Tests

STUDENT TEST BOOKLET  
SEASON 20XX

Grade 3  
English Language  
Arts

**Pre-ID labels MUST  
be applied to all  
SCORABLE  
documents.**

Do NOT apply any label over this barcode.

▲ ALIGN TOP OF LABEL HERE ▲  
▲ APPLY PRE-ID LABEL HERE ▲



U536044BLANK---

**B Testing Group Number**

Based on Location

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

**C Attending District IRN**

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

**D Attending School IRN**

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

**E Accommodations**

Please indicate student accommodation(s).  
*Mark all that apply.*

Read Aloud

Scribe

Other

**SCHOOL USE ONLY**

If a student pre-identification label contains incorrect information, do NOT use it.

\_\_\_\_\_

SERIAL#

Do NOT Apply Pre-ID Label Here

**A**

Student Name \_\_\_\_\_

District Name \_\_\_\_\_

School Name \_\_\_\_\_

County Name \_\_\_\_\_

# Ohio's State Tests

STUDENT ANSWER DOCUMENT  
SEASON 20XX

Grade 5  
Science

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SCORABLE  
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▲ ALIGN TOP OF LABEL HERE ▲

**APPLY PRE-ID LABEL HERE**



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If a student pre-identification label contains incorrect information, do NOT use it.

**B Testing Group Number**

Based on Location

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

**C Attending District IRN**

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

**D Attending School IRN**

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

**E Accommodations**

Please indicate student accommodation(s).  
*Mark all that apply.*

Scribe

Other

**SCHOOL USE ONLY**

536944-10504010019

SERIAL#

Do NOT Apply Pre-ID Label Here

**A**

Student Name \_\_\_\_\_

District Name \_\_\_\_\_

School Name \_\_\_\_\_

County Name \_\_\_\_\_

# Ohio's State Tests

END-OF-COURSE TEST  
STUDENT ANSWER  
DOCUMENT  
SEASON 20XX

Algebra I

Pre-ID labels **MUST**  
be applied to all  
**SCORABLE**  
documents.

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**APPLY PRE-ID LABEL HERE**



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If a student pre-identification label contains incorrect information, do NOT use it.

**B** Testing Group Number

Based on Location

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

**C** Attending District IRN

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

**D** Attending School IRN

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

**E** Accommodations

Please indicate student accommodation(s).  
*Mark all that apply.*

Scribe

Other

**SCHOOL USE ONLY**

536926-11540010010

SERIAL#