

STUDENT _____ ID _____

TEST DATE _____ FORM _____ LEVEL _____

TEST 1		TEST 2		TEST 4		TOTAL	
Reading 25		Computation 25		Language 25		BATTERY	
TOTAL		TEST 3		TEST 5		SCALED	
		Applied Math 25		Spelling 20 (Optional)		SCORE	
		TOTAL			TOTAL	GRADE	
						EQUIVALENT	

Instructors Signature _____

Instructor's Name (printed) _____

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