

Do NOT Apply Pre-ID Label Here

**A**

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

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

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

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

# Ohio's State Tests

STUDENT TEST BOOKLET  
FALL 2017

Grade 3  
English Language  
Arts

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**APPLY PRE-ID LABEL HERE**



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**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

END-OF-COURSE TEST  
STUDENT ANSWER DOCUMENT  
FALL 2017

English Language  
Arts I

Pre-ID labels **MUST**  
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**B** Testing Group Number

Based on Location

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**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
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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
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7	7	7	7	7	7
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**E** Accommodations

Please indicate student accommodation(s).

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Read Aloud

Scribe

Other

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

536726-11574010013

SERIAL#

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

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

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

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

# Ohio's State Tests

END-OF-COURSE TEST  
STUDENT ANSWER DOCUMENT  
FALL 2017

English Language  
Arts II

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**C** Attending District IRN

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1	1	1	1	1	1
2	2	2	2	2	2
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6	6	6	6	6	6
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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
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**E** Accommodations

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Read Aloud

Scribe

Other

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536726-11575010012

SERIAL#

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

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# Ohio's State Tests

END-OF-COURSE TEST  
STUDENT ANSWER  
DOCUMENT  
FALL 2017

Algebra I

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Based on Location

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**C** Attending District IRN

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6	6	6	6	6	6
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**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**

536726-11540010014

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  
FALL 2017

Geometry

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**B** Testing Group Number

Based on Location

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**C** Attending District IRN

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**D** Attending School IRN

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**E** Accommodations

Please indicate student accommodation(s).  
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Scribe

Other

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536726-11509010013

SERIAL#

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**A**

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

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

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

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

# Ohio's State Tests

END-OF-COURSE TEST  
STUDENT ANSWER  
DOCUMENT  
FALL 2017

Integrated Math I

Pre-ID labels **MUST**  
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**B** Testing Group Number

Based on Location

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**C** Attending District IRN

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**D** Attending School IRN

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8	8	8	8	8	8
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**E** Accommodations

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

Scribe

Other

SCHOOL USE ONLY

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

536726-11541010013

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  
FALL 2017

Integrated Math II

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**B** Testing Group Number

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**C** Attending District IRN

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**D** Attending School IRN

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8	8	8	8	8	8
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**E** Accommodations

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

Scribe

Other

SCHOOL USE ONLY

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

536726-11543010011

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  
FALL 2017

Biology

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**B** Testing Group Number

Based on Location

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**C** Attending District IRN

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**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**

536726-11547010017

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  
FALL 2017

Physical Science

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SCORABLE  
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**B Testing Group Number**

Based on Location

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2	2	2
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**C Attending District IRN**

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1	1	1	1	1	1
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**D Attending School IRN**

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9	9	9	9	9	9

**E Accommodations**

Please indicate student accommodation(s).  
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Scribe

Other

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536726-11567010012

SERIAL#

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**A**

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

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

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

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

# Ohio's State Tests

END-OF-COURSE TEST  
STUDENT ANSWER DOCUMENT  
FALL 2017

American  
Government

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**B Testing Group Number**  
Based on Location

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**C Attending District IRN**

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**D Attending School IRN**

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**E Accommodations**

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Scribe

Other

**SCHOOL USE ONLY**

536726-11569010010

SERIAL#

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**A**

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

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

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

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

# Ohio's State Tests

END-OF-COURSE TEST  
STUDENT ANSWER DOCUMENT  
FALL 2017

American History

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Based on Location

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**D Attending School IRN**

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536726-11568010011

SERIAL#