

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT TEST BOOKLET
SPRING 2018

Grade 3
English Language
Arts

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

Do NOT apply any label over this barcode.

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▲ APPLY PRE-ID LABEL HERE ▲



U536844BLANK---

B Testing Group Number

Based on Location

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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
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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

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 TEST BOOKLET
SPRING 2018

Grade 4
English Language
Arts

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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
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

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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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8	8	8	8	8	8
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Scribe

Other

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County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 5
English Language
Arts

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B Testing Group Number

Based on Location

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C Attending District IRN

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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
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8	8	8	8	8	8
9	9	9	9	9	9

D Attending School IRN

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1	1	1	1	1	1
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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.

536844-10502010013

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 6
English Language
Arts

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APPLY PRE-ID LABEL HERE



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B Testing Group Number

Based on Location

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C Attending District IRN

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1	1	1	1	1	1
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3	3	3	3	3	3
4	4	4	4	4	4
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6	6	6	6	6	6
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D Attending School IRN

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2	2	2	2	2	2
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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.

536844-10602010012

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 7
English Language
Arts

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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

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C Attending District IRN

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1	1	1	1	1	1
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4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
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D Attending School 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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E Accommodations

Please indicate student accommodation(s).

Mark all that apply.

Read Aloud

Scribe

Other

SCHOOL USE ONLY

536844-10702010011

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 8
English Language
Arts

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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1	1	1	1	1	1
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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

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1	1	1	1	1	1
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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

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.

536844-10802010010

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
SPRING 2018

English Language
Arts I

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

Do NOT apply any label over this barcode.

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APPLY PRE-ID LABEL HERE



U536824BLANK---

B Testing Group Number

Based on Location

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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
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6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
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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.

536824-11574010016

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
SPRING 2018

English Language
Arts II

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

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APPLY PRE-ID LABEL HERE



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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
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E Accommodations

Please indicate student accommodation(s).

Mark all that apply.

Read Aloud

Scribe

Other

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

536824-11575010015

SERIAL#

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A

Student Name _____

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County Name _____

Ohio's State Tests

STUDENT TEST BOOKLET
SPRING 2018

Grade 3
Mathematics

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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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Mark all that apply.

Calculator

Scribe

Other

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SERIAL#

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A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT TEST BOOKLET
SPRING 2018

Grade 4
Mathematics

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C Attending District IRN

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D Attending School IRN

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Calculator

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Other

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SERIAL#

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School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 5
Mathematics

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APPLY PRE-ID LABEL HERE



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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).

Mark all that apply.

Calculator

Scribe

Other

SCHOOL USE ONLY

536844-10501010014

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 6
Mathematics

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SCORABLE
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APPLY PRE-ID LABEL HERE



U536844BLANK---

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B Testing Group Number

Based on Location

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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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1	1	1	1	1	1
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6	6	6	6	6	6
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E Accommodations

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Mark all that apply.

Calculator

Scribe

Other

SCHOOL USE ONLY

536844-10601010013

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 7
Mathematics

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APPLY PRE-ID LABEL HERE



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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).

Mark all that apply.

Calculator

Scribe

Other

SCHOOL USE ONLY

536844-10701010012

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 8
Mathematics

Pre-ID labels **MUST**
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SCORABLE
documents.

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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).
Mark all that apply.

Scribe

Other

SCHOOL USE ONLY

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

536844-10801010011

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
SPRING 2018

Algebra I

**Pre-ID labels MUST
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SCORABLE
documents.**

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▲ ALIGN TOP OF LABEL HERE ▲

APPLY PRE-ID LABEL HERE



U536824BLANK---

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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
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

536824-11540010017

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
SPRING 2018

Geometry

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SCORABLE
documents.

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U536824BLANK---

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

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

536824-11509010016

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
SPRING 2018

Integrated Math I

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documents.

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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.

Scribe

Other

SCHOOL USE ONLY

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

536824-11541010016

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
SPRING 2018

Integrated Math II

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SCORABLE
documents.

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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.

Scribe

Other

SCHOOL USE ONLY

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

536824 - 11543010014

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 5
Science

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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.

Scribe

Other

SCHOOL USE ONLY

536844-10504010011

SERIAL#

Do NOT Apply Pre-ID Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT ANSWER DOCUMENT
SPRING 2018

Grade 8
Science

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SCORABLE
documents.

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U536844BLANK---

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

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

536844-10804010018

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
SPRING 2018

Biology

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documents.

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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.

Scribe

Other

SCHOOL USE ONLY

536824-11547010010

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
SPRING 2018

Physical Science

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documents.**

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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.

Scribe

Other

SCHOOL USE ONLY

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

536824-11567010015

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
SPRING 2018

American
Government

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SCORABLE
documents.

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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.

Scribe

Other

SCHOOL USE ONLY

536824-11569010013

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
SPRING 2018

American History

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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.

Scribe

Other

SCHOOL USE ONLY

536824-11568010014

SERIAL#