

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

STUDENT TEST BOOKLET
FALL 2016

Grade 3
English Language Arts

C SSID (State-assigned)
REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



U536645BLANK---

Please note that boxes F through J are found on the inside front cover.

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

Do NOT apply any label over this barcode.

F Student Last Name													Student First Name													MI
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

- 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

H Gender

Male
 Female

I Date of Birth

	Month		Day		Year		
<input type="radio"/> Jan	0	0			0	0	0
<input type="radio"/> Feb	1	1	1	1	1	1	1
<input type="radio"/> Mar	2	2	2	2	2	2	2
<input type="radio"/> Apr	3	3			3	3	3
<input type="radio"/> May		4		4	4	4	4
<input type="radio"/> Jun		5		5	5	5	5
<input type="radio"/> Jul		6		6	6	6	6
<input type="radio"/> Aug		7		7	7	7	7
<input type="radio"/> Sep		8		8	8	8	8
<input type="radio"/> Oct		9		9	9	9	9
<input type="radio"/> Nov							
<input type="radio"/> Dec							

J Accommodations

Please indicate which accommodation(s) the student used during testing.

Mark all that apply.

Read Aloud
 Scribe
 Other

SCHOOL USE ONLY

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

English Language Arts I

Do NOT apply any label over this barcode.

G SSID (State-assigned) REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

K A A

L L B B

M M C C

N N D D

O O E E

P P F F

Q Q G G

R R H H

S S I I

T T J J

U U K K

V V L L

W W M M

X X N N

Y Y O O

Z Z P P

Q Q

R R

S S

T T

U U

V V

W W

X X

Y Y

Z Z

ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



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Please note that boxes F through K are found on the inside front cover.

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

536625-11574010017

SERIAL#

English Language Arts I

F Student Last Name												Student First Name												MI		
A A A A A A A A A A A A A A A A												A A A A A A A A A A A A A A A A														
B B B B B B B B B B B B B B B B												B B B B B B B B B B B B B B B B														
C C C C C C C C C C C C C C C C												C C C C C C C C C C C C C C C C														
D D D D D D D D D D D D D D D D												D D D D D D D D D D D D D D D D														
E E E E E E E E E E E E E E E E												E E E E E E E E E E E E E E E E														
F F F F F F F F F F F F F F F F												F F F F F F F F F F F F F F F F														
G G G G G G G G G G G G G G G G												G G G G G G G G G G G G G G G G														
H H H H H H H H H H H H H H H H												H H H H H H H H H H H H H H H H														
I I I I I I I I I I I I I I I I												I I I I I I I I I I I I I I I I														
J J J J J J J J J J J J J J J J												J J J J J J J J J J J J J J J J														
K K K K K K K K K K K K K K K K												K K K K K K K K K K K K K K K K														
L L L L L L L L L L L L L L L L												L L L L L L L L L L L L L L L L														
M M M M M M M M M M M M M M M M												M M M M M M M M M M M M M M M M														
N N N N N N N N N N N N N N N N												N N N N N N N N N N N N N N N N														
O O O O O O O O O O O O O O O O												O O O O O O O O O O O O O O O O														
P P P P P P P P P P P P P P P P												P P P P P P P P P P P P P P P P														
Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q												Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q														
R R R R R R R R R R R R R R R R												R R R R R R R R R R R R R R R R														
S S S S S S S S S S S S S S S S												S S S S S S S S S S S S S S S S														
T T T T T T T T T T T T T T T T												T T T T T T T T T T T T T T T T														
U U U U U U U U U U U U U U U U												U U U U U U U U U U U U U U U U														
V V V V V V V V V V V V V V V V												V V V V V V V V V V V V V V V V														
W W W W W W W W W W W W W W W W												W W W W W W W W W W W W W W W W														
X X X X X X X X X X X X X X X X												X X X X X X X X X X X X X X X X														
Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y														
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z												Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z														

(Optional) District Student ID										
G Student Number										

K Enrolled Grade
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 10
<input type="radio"/> 11
<input type="radio"/> 12
<input type="radio"/> Adult Education (G13)
<input type="radio"/> Proficiency Only (G14)

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

I Date of Birth					
Month	Day	Year			
<input type="radio"/> Jan	0	0	0	0	0
<input type="radio"/> Feb	1	1	1	1	1
<input type="radio"/> Mar	2	2	2	2	2
<input type="radio"/> Apr	3	3	3	3	3
<input type="radio"/> May	4	4	4	4	4
<input type="radio"/> Jun	5	5	5	5	5
<input type="radio"/> Jul	6	6	6	6	6
<input type="radio"/> Aug	7	7	7	7	7
<input type="radio"/> Sep	8	8	8	8	8
<input type="radio"/> Oct	9	9	9	9	9
<input type="radio"/> Nov					
<input type="radio"/> Dec					

J Accommodations
Please indicate which accommodation(s) the student used during testing.
<i>Mark all that apply.</i>
<input type="radio"/> Read Aloud
<input type="radio"/> Scribe
<input type="radio"/> Other
SCHOOL USE ONLY

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

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

English Language Arts II

G SSID (State-assigned) REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



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Please note that boxes F through K are found on the inside front cover.

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

Do NOT apply any label over this barcode.

536625-11575010016

SERIAL#

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

Algebra I

Do NOT apply any label over this barcode.

C SSID (State-assigned)
REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

K	K	A	A
L	L	B	B
M	M	C	C
N	N	D	D
O	O	E	E
P	P	F	F
Q	Q	G	G
R	R	H	H
S	S	I	I
T	T	J	J
U	U	K	K
V	V	L	L
W	W	M	M
X	X	N	N
Y	Y	O	O
Z	Z	P	P
		Q	Q
		R	R
		S	S
		T	T
		U	U
		V	V
		W	W
		X	X
		Y	Y
		Z	Z

Please note that boxes F through K are found on the inside front cover.

▲ ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

▲ APPLY LABEL HERE



U536625BLANK---

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

536625-11540010018

SERIAL#

Algebra I

F Student Last Name															Student First Name															MI	
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

K Enrolled Grade	
<input type="radio"/>	6
<input type="radio"/>	7
<input type="radio"/>	8
<input type="radio"/>	9
<input type="radio"/>	10
<input type="radio"/>	11
<input type="radio"/>	12
<input type="radio"/>	Adult Education (G13)
<input type="radio"/>	Proficiency Only (G14)

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

I Date of Birth		
Month	Day	Year
<input type="radio"/> Jan	0 0	0 0 0
<input type="radio"/> Feb	1 1	1 1 1
<input type="radio"/> Mar	2 2	2 2 2
<input type="radio"/> Apr	3 3	3 3 3
<input type="radio"/> May	4 4	4 4 4
<input type="radio"/> Jun	5 5	5 5 5
<input type="radio"/> Jul	6 6	6 6 6
<input type="radio"/> Aug	7 7	7 7 7
<input type="radio"/> Sep	8 8	8 8 8
<input type="radio"/> Oct	9 9	9 9 9
<input type="radio"/> Nov		
<input type="radio"/> Dec		

J Accommodations
Please indicate which accommodation(s) the student used during testing.
Mark all that apply.
<input type="radio"/> Scribe
<input type="radio"/> Other
SCHOOL USE ONLY

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

Geometry

Do NOT apply any label over this barcode.

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 SSID (State-assigned) REQUIRED

A	A	0	0	0	0	0	0
B	B	1	1	1	1	1	1
C	C	2	2	2	2	2	2
D	D	3	3	3	3	3	3
E	E	4	4	4	4	4	4
F	F	5	5	5	5	5	5
G	G	6	6	6	6	6	6
H	H	7	7	7	7	7	7
I	I	8	8	8	8	8	8
J	J	9	9	9	9	9	9
K	K	A	A				
L	L	B	B				
M	M	C	C				
N	N	D	D				
O	O	E	E				
P	P	F	F				
Q	Q	G	G				
R	R	H	H				
S	S	I	I				
T	T	J	J				
U	U	K	K				
V	V	L	L				
W	W	M	M				
X	X	N	N				
Y	Y	O	O				
Z	Z	P	P				
		Q	Q				
		R	R				
		S	S				
		T	T				
		U	U				
		V	V				
		W	W				
		X	X				
		Y	Y				
		Z	Z				

D 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

E 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

Please note that boxes F through K are found on the inside front cover.

▲ **ALIGN TOP OF LABEL HERE**

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



U536625BLANK---

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

536625-11509010017

SERIAL#

Geometry

F Student Last Name													Student First Name													MI
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C		
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E		
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G		
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H		
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J		
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K		
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M		
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O		
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q		
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T		
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U		
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V		
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z		

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
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6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

K Enrolled Grade
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 10
<input type="radio"/> 11
<input type="radio"/> 12
<input type="radio"/> Adult Education (G13)
<input type="radio"/> Proficiency Only (G14)

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

I Date of Birth			
Month	Day	Year	
<input type="radio"/> Jan	<input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/>
<input type="radio"/> Feb	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="text" value="1"/>
<input type="radio"/> Mar	<input type="text" value="2"/> <input type="text" value="2"/>	<input type="text" value="2"/> <input type="text" value="2"/>	<input type="text" value="2"/>
<input type="radio"/> Apr	<input type="text" value="3"/> <input type="text" value="3"/>	<input type="text" value="3"/> <input type="text" value="3"/>	<input type="text" value="3"/>
<input type="radio"/> May	<input type="text" value="4"/> <input type="text" value="4"/>	<input type="text" value="4"/> <input type="text" value="4"/>	<input type="text" value="4"/>
<input type="radio"/> Jun	<input type="text" value="5"/> <input type="text" value="5"/>	<input type="text" value="5"/> <input type="text" value="5"/>	<input type="text" value="5"/>
<input type="radio"/> Jul	<input type="text" value="6"/> <input type="text" value="6"/>	<input type="text" value="6"/> <input type="text" value="6"/>	<input type="text" value="6"/>
<input type="radio"/> Aug	<input type="text" value="7"/> <input type="text" value="7"/>	<input type="text" value="7"/> <input type="text" value="7"/>	<input type="text" value="7"/>
<input type="radio"/> Sep	<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="8"/> <input type="text" value="8"/>	<input type="text" value="8"/>
<input type="radio"/> Oct	<input type="text" value="9"/> <input type="text" value="9"/>	<input type="text" value="9"/> <input type="text" value="9"/>	<input type="text" value="9"/>
<input type="radio"/> Nov	<input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="0"/>
<input type="radio"/> Dec	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="text" value="1"/>

J Accommodations
Please indicate which accommodation(s) the student used during testing.
Mark all that apply.
<input type="checkbox"/> Scribe
<input type="checkbox"/> Other
SCHOOL USE ONLY

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

Integrated Math I

Do NOT apply any label over this barcode.

ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



U536625BLANK---

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

G SSID (State-assigned) REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

D 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

E 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

Please note that boxes F through K are found on the inside front cover.

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

536625-11541010017

SERIAL#

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

Integrated Math II

Do NOT apply any label over this barcode.

G SSID (State-assigned) REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9
K	K	A	A	A	A	A	A	A	A
L	L	B	B	B	B	B	B	B	B
M	M	C	C	C	C	C	C	C	C
N	N	D	D	D	D	D	D	D	D
O	O	E	E	E	E	E	E	E	E
P	P	F	F	F	F	F	F	F	F
Q	Q	G	G	G	G	G	G	G	G
R	R	H	H	H	H	H	H	H	H
S	S	I	I	I	I	I	I	I	I
T	T	J	J	J	J	J	J	J	J
U	U	K	K	K	K	K	K	K	K
V	V	L	L	L	L	L	L	L	L
W	W	M	M	M	M	M	M	M	M
X	X	N	N	N	N	N	N	N	N
Y	Y	O	O	O	O	O	O	O	O
Z	Z	P	P	P	P	P	P	P	P
		Q	Q	Q	Q	Q	Q	Q	Q
		R	R	R	R	R	R	R	R
		S	S	S	S	S	S	S	S
		T	T	T	T	T	T	T	T
		U	U	U	U	U	U	U	U
		V	V	V	V	V	V	V	V
		W	W	W	W	W	W	W	W
		X	X	X	X	X	X	X	X
		Y	Y	Y	Y	Y	Y	Y	Y
		Z	Z	Z	Z	Z	Z	Z	Z

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

D 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

E 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

ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



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Please note that boxes F through K are found on the inside front cover.

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

536625-11543010015

SERIAL#

Integrated Math II

F Student Last Name										Student First Name										MI
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

K Enrolled Grade	
A	<input type="radio"/>
B	<input type="radio"/>
C	<input type="radio"/>
D	<input type="radio"/>
E	<input type="radio"/>
F	<input type="radio"/>
G	<input type="radio"/>
H	<input type="radio"/>
I	<input type="radio"/>
J	<input type="radio"/>
K	<input type="radio"/>
L	<input type="radio"/>
M	<input type="radio"/>
N	<input type="radio"/>
O	<input type="radio"/>
P	<input type="radio"/>
Q	<input type="radio"/>
R	<input type="radio"/>
S	<input type="radio"/>
T	<input type="radio"/>
U	<input type="radio"/>
V	<input type="radio"/>
W	<input type="radio"/>
X	<input type="radio"/>
Y	<input type="radio"/>
Z	<input type="radio"/>
6	<input type="radio"/>
7	<input type="radio"/>
8	<input type="radio"/>
9	<input type="radio"/>
10	<input type="radio"/>
11	<input type="radio"/>
12	<input type="radio"/>
Adult Education (G13)	<input type="radio"/>
Proficiency Only (G14)	<input type="radio"/>

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

I Date of Birth	Month	Day	Year		
<input type="radio"/> Jan	0	0	0	0	0
<input type="radio"/> Feb	1	1	1	1	1
<input type="radio"/> Mar	2	2	2	2	2
<input type="radio"/> Apr	3	3	3	3	3
<input type="radio"/> May	4	4	4	4	4
<input type="radio"/> Jun	5	5	5	5	5
<input type="radio"/> Jul	6	6	6	6	6
<input type="radio"/> Aug	7	7	7	7	7
<input type="radio"/> Sep	8	8	8	8	8
<input type="radio"/> Oct	9	9	9	9	9
<input type="radio"/> Nov					
<input type="radio"/> Dec					

J Accommodations
Please indicate which accommodation(s) the student used during testing.
<i>Mark all that apply.</i>
<input type="radio"/> Scribe
<input type="radio"/> Other
SCHOOL USE ONLY

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

Biology

Do NOT apply any label over this barcode.

C SSID (State-assigned)
REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

K	K	A	A
L	L	B	B
M	M	C	C
N	N	D	D
O	O	E	E
P	P	F	F
Q	Q	G	G
R	R	H	H
S	S	I	I
T	T	J	J
U	U	K	K
V	V	L	L
W	W	M	M
X	X	N	N
Y	Y	O	O
Z	Z	P	P
		Q	Q
		R	R
		S	S
		T	T
		U	U
		V	V
		W	W
		X	X
		Y	Y
		Z	Z

Please note that boxes F through K are found on the inside front cover.

ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



U536625BLANK---

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

536625-11547010011

SERIAL#

Biology

F Student Last Name												Student First Name												MI
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

K Enrolled Grade
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 10
<input type="radio"/> 11
<input type="radio"/> 12
<input type="radio"/> Adult Education (G13)
<input type="radio"/> Proficiency Only (G14)

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

I Date of Birth	Month	Day	Year		
<input type="radio"/> Jan	0	0	0	0	0
<input type="radio"/> Feb	1	1	1	1	1
<input type="radio"/> Mar	2	2	2	2	2
<input type="radio"/> Apr	3	3	3	3	3
<input type="radio"/> May	4	4	4	4	4
<input type="radio"/> Jun	5	5	5	5	5
<input type="radio"/> Jul	6	6	6	6	6
<input type="radio"/> Aug	7	7	7	7	7
<input type="radio"/> Sep	8	8	8	8	8
<input type="radio"/> Oct	9	9	9	9	9
<input type="radio"/> Nov					
<input type="radio"/> Dec					

J Accommodations
Please indicate which accommodation(s) the student used during testing.
Mark all that apply.
<input type="radio"/> Scribe
<input type="radio"/> Other
SCHOOL USE ONLY

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

Physical Science

Do NOT apply any label over this barcode.

C SSID (State-assigned)
REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

K	K	A	A
L	L	B	B
M	M	C	C
N	N	D	D
O	O	E	E
P	P	F	F
Q	Q	G	G
R	R	H	H
S	S	I	I
T	T	J	J
U	U	K	K
V	V	L	L
W	W	M	M
X	X	N	N
Y	Y	O	O
Z	Z	P	P
G	G	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

Please note that boxes F through K are found on the inside front cover.

▲ **ALIGN TOP OF LABEL HERE**

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



U536625BLANK---

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

536625-11567010016

SERIAL#

Physical Science

F Student Last Name												Student First Name												MI
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C		
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E		
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G		
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H		
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J		
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K		
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M		
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O		
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q		
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T		
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U		
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V		
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z		

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

K Enrolled Grade
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 10
<input type="radio"/> 11
<input type="radio"/> 12
<input type="radio"/> Adult Education (G13)
<input type="radio"/> Proficiency Only (G14)

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

J Accommodations
Please indicate which accommodation(s) the student used during testing.
Mark all that apply.
<input type="radio"/> Scribe
<input type="radio"/> Other
SCHOOL USE ONLY

I Date of Birth	Month	Day	Year		
<input type="radio"/> Jan	0	0	0	0	0
<input type="radio"/> Feb	1	1	1	1	1
<input type="radio"/> Mar	2	2	2	2	2
<input type="radio"/> Apr	3	3	3	3	3
<input type="radio"/> May	4	4	4	4	4
<input type="radio"/> Jun	5	5	5	5	5
<input type="radio"/> Jul	6	6	6	6	6
<input type="radio"/> Aug	7	7	7	7	7
<input type="radio"/> Sep	8	8	8	8	8
<input type="radio"/> Oct	9	9	9	9	9
<input type="radio"/> Nov					
<input type="radio"/> Dec					

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

American Government

G SSID (State-assigned) REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

K	K	A	A
L	L	B	B
M	M	C	C
N	N	D	D
O	O	E	E
P	P	F	F
Q	Q	G	G
R	R	H	H
S	S	I	I
T	T	J	J
U	U	K	K
V	V	L	L
W	W	M	M
X	X	N	N
Y	Y	O	O
Z	Z	P	P
		Q	Q
		R	R
		S	S
		T	T
		U	U
		V	V
		W	W
		X	X
		Y	Y
		Z	Z

Please note that boxes F through K are found on the inside front cover.

ALIGN TOP OF LABEL HERE

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



U536625BLANK---

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

Do NOT apply any label over this barcode.

536625-11569010014

SERIAL#

American Government

F Student Last Name															Student First Name										MI				
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

K Enrolled Grade
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9
<input type="radio"/> 10
<input type="radio"/> 11
<input type="radio"/> 12
<input type="radio"/> Adult Education (G13)
<input type="radio"/> Proficiency Only (G14)

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

J Accommodations
Please indicate which accommodation(s) the student used during testing.
Mark all that apply.
<input type="radio"/> Scribe
<input type="radio"/> Other

SCHOOL USE ONLY

I Date of Birth	Month		Day		Year	
	<input type="radio"/> Jan	0	0	0	0	0
<input type="radio"/> Feb	1	1	1	1	1	1
<input type="radio"/> Mar	2	2	2	2	2	2
<input type="radio"/> Apr	3	3	3	3	3	3
<input type="radio"/> May	4	4	4	4	4	4
<input type="radio"/> Jun	5	5	5	5	5	5
<input type="radio"/> Jul	6	6	6	6	6	6
<input type="radio"/> Aug	7	7	7	7	7	7
<input type="radio"/> Sep	8	8	8	8	8	8
<input type="radio"/> Oct	9	9	9	9	9	9
<input type="radio"/> Nov						
<input type="radio"/> Dec						

Do NOT Apply Pre-ID or Generic Label Here

A

Student Name _____

District Name _____

School Name _____

County Name _____

Ohio's State Tests

END-OF-COURSE TEST
STUDENT ANSWER DOCUMENT
FALL 2016

American History

Do NOT apply any label over this barcode.

C SSID (State-assigned)
REQUIRED

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9

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

D 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

E 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

K	K	A	A
L	L	B	B
M	M	C	C
N	N	D	D
O	O	E	E
P	P	F	F
Q	Q	G	G
R	R	H	H
S	S	I	I
T	T	J	J
U	U	K	K
V	V	L	L
W	W	M	M
X	X	N	N
Y	Y	O	O
Z	Z	P	P
		Q	Q
		R	R
		S	S
		T	T
		U	U
		V	V
		W	W
		X	X
		Y	Y
		Z	Z

Please note that boxes F through K are found on the inside front cover.

▲ **ALIGN TOP OF LABEL HERE**

Apply a pre-identification or generic barcode label.

APPLY LABEL HERE



U536625BLANK---

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

536625-11568010015

SERIAL#

American History

F Student Last Name													Student First Name													MI
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
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S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

(Optional) District Student ID									
G Student Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

K Enrolled Grade	
<input type="radio"/>	6
<input type="radio"/>	7
<input type="radio"/>	8
<input type="radio"/>	9
<input type="radio"/>	10
<input type="radio"/>	11
<input type="radio"/>	12
<input type="radio"/>	Adult Education (G13)
<input type="radio"/>	Proficiency Only (G14)

H Gender
<input type="radio"/> Male
<input type="radio"/> Female

I Date of Birth					
Month	Day	Year			
<input type="radio"/> Jan	0	0	0	0	0
<input type="radio"/> Feb	1	1	1	1	1
<input type="radio"/> Mar	2	2	2	2	2
<input type="radio"/> Apr	3	3	3	3	3
<input type="radio"/> May	4	4	4	4	4
<input type="radio"/> Jun	5	5	5	5	5
<input type="radio"/> Jul	6	6	6	6	6
<input type="radio"/> Aug	7	7	7	7	7
<input type="radio"/> Sep	8	8	8	8	8
<input type="radio"/> Oct	9	9	9	9	9
<input type="radio"/> Nov					
<input type="radio"/> Dec					

J Accommodations
Please indicate which accommodation(s) the student used during testing.
Mark all that apply.
<input type="checkbox"/> Scribe
<input type="checkbox"/> Other
SCHOOL USE ONLY