

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

**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 ▲



U536746BLANK---

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 be applied to all SCORABLE documents.

Do NOT apply any label over this barcode.

▲ ALIGN TOP OF LABEL HERE ▲

APPLY PRE-ID LABEL HERE



U536726BLANK---

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.

536726-11574010013

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 II

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 ▲



U536726BLANK---

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.

536726-11575010012

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

Algebra I

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



U536726BLANK----

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.

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

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 ▲



U536726BLANK---

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.

536726-11509010013

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 I

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 ▲



U536726BLANK---

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.

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

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 ▲



U536726BLANK---

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.

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

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



U536726BLANK---

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.

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

**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 ▲



U536726BLANK---

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.

536726-11567010012

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

American
Government

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



U536726BLANK---

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

536726-11569010010

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

American History

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 ▲



U536726BLANK---

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

536726-11568010011

SERIAL#