

#### Overview

This document is designed to provide schools with instructions for completing state-specific information on your examinee's ACT answer documents.

The instructions below are in addition to those provided in the Administration Manual(s). If these directions are not followed, results from your school are at risk of being inaccurately reported on examinee, school, and accountability reports: and may prevent examinees from being included in files that are shared with the state.

### **Examinee Transfers**

Follow the guidelines listed below for examinees who are transferring:

| If an examinee transfers  | Then   |
|---|--|
| In during the time of testing, already<br>started testing at the former school, or<br>is too late to start testing at the new<br>school | Do not submit an answer document.  |
| In prior to testing and there is no barcode label   | <ul> <li>Manually grid the State-Assigned Student ID (SASID) for each examinee in<br/>Block U. If you do not know the SASID number, contact your school's district<br/>office.</li> <li>Important! Do not use the examinee's Social Security number in Block U.</li> </ul> |
| Out during the time of testing or before the pretest session and had not yet started testing  | <ul> <li>Do not submit an answer document.</li> <li>Securely destroy the barcode label, if applicable.</li> <li>If such an examinee completed any pretest portions of an answer document, securely destroy that answer document.</li> </ul>                                |

### **Block C – Social Security Number**

Provision of the examinee's Social Security number is optional. ACT will not add this information later to the state's file. Please do not place any other number in this block.

### Block K – ACT High School Code

For most examinees, the school they attend is the school where they test and also the school to which their scores are to be reported. For these examinees, leave Block K blank. Scores will be reported to the high school pre-gridded on the Supervisor's Report Form.

School staff are to complete Block K **only** if the school testing the examinee is not the examinee's home school. If you are unsure which high school is the examinee's home high school, contact your district office. Completing Block K with a valid, reportable ACT code will result in ACT scores being reported to that school. For more information about how to find ACT high school codes, refer to the section on High School Code (Block K) found in the Administration Manual.

#### Block S – Local Student ID Number

If your school or district has assigned each examinee a local ID number of up to ten digits, and you wish to receive that number on electronic output to facilitate in matching records after testing, you may use this block for this purpose. Write the local ID number in the boxes and fill in the corresponding ovals. If the local ID number has fewer than ten digits, it will be reported as ten digits with leading zeros added. Do not enter a SASID number in Block S.



### Block V – School Use Only—State Questions

CDE has requested that ACT collect additional information using Block V on the answer document. Collecting this specific examinee information will ensure the results of state assessments are accurately reported for each examinee, school, and district. There are two different ways to collect/submit this information:

- 1. **Examinee with barcode label**: If a barcode label is provided, Questions 1-6, 8, 9, and 11 do not have to be filled in. Question 7 and Question 10 must be completed by the test coordinator. Your district submitted the information for responses to these questions to the student interchange in January (This is the same process used for CMAStesting.) This will save you valuable time completing examinee data grids for these questions.
- 2. **Examinee without barcode label**: If an examinee does not have a barcode label, school staff should complete responses to all 11 questions for that examinee. In this case, your district did not submit data for this examinee and the state does not have the necessary information on file. Questions 1-9, and 11 must be filled in by school staff after the examinee completes the pretest session <u>prior</u> to the test date. Question 10 must then be completed <u>after</u> the test.

#### Further information to note:

- · All questions are to be answered only by school staff. Examinees are not to complete any part of it.
- Question 7 (Test Accommodations) and Question 10 (Testing Status) should be completed for all examinees at the school, regardless of whether a barcode label is provided for the examinee.
- Question 10 must be updated after the test(s) are administered. This also includes completion for examinees who did not take the test on either the initial or makeup test date.

| Number | Question  | Response   |  |
|--------|---|--|--|
| 1.     | Is the examinee new to <u>your</u> school after October 1, 2014?  | A. No<br>B. Yes  |  |
| 2.     | Has the examinee been continuously enrolled in <u>your</u> school and district since April 23, 2014?  | <ul> <li>A. Yes, <i>both</i> this school and district</li> <li>B. Continuously enrolled in the district, but <i>not</i> this school</li> <li>C. No, neither this school nor the district</li> </ul>  |  |
| 3.     | Is the examinee a migrant or an immigrant?  | <ul> <li>A. Neither migrant nor immigrant</li> <li>B. Migrant only</li> <li>C. Immigrant only</li> <li>D. Both migrant and immigrant</li> </ul>  |  |
| 4.     | Language Background Other Than English Fill in the one oval that reflects the examinee's language background.                                     | <ul> <li>A. Not Applicable</li> <li>B. NEP – Non English Proficient</li> <li>C. LEP – Limited English Proficient</li> <li>D. FEP – Fluent English Proficient</li> <li>E. PHLOTE, English Proficient</li> <li>F. FELL – Former ELL</li> </ul>   |  |
| 5.     | English Language Learner (ELL) Program Fill in the one oval that reflects the examinee's experience with ELL programs in Colorado public schools. | A. Never enrolled in ELL program B. Currently enrolled in a bilingual program C. Redesignated bilingual program (Monitored Year 1) D. Redesignated bilingual program (Monitored Year 2) E. Exited bilingual program (Year 3+) F. Currently enrolled in an ESL program G. Redesignated ESL program (Monitored Year 1) H. Redesignated ESL program (Monitored Year 2) I. Exited ESL program (Year 3+) J. Parent Refusal of Services for Bilingual or ESL                         |  |
| 6.     | Primary Disability If the examinee has a disability, fill in the one oval that most accurately reflects the primary disability.                   | <ul> <li>A. No disability</li> <li>B. Significantly limited intellectual capacity</li> <li>C. Emotional disability</li> <li>D. Perceptual/communicative disability</li> <li>E. Hearing disability</li> <li>F. Visual disability</li> <li>G. Physical disability/Orthopedic Impairment/Other Health Impairment</li> <li>H. Speech/language disability</li> <li>I. Deaf/Blind</li> <li>J. Multiple disabilities</li> <li>K. Autism</li> <li>L. Traumatic brain injury</li> </ul> |  |



| 7.       | Test Accommodations Fill in the one oval to reflect the condition(s) under which the examinee tested. If the examinee tested with ACT-approved accommodations [OR state-allowed accommodations], choose the one oval to indicate the primary accommodation used. This question should be completed for all examinees regardless of whether a bar-code label is presen  | B.<br>C.<br>D.<br>E.<br>F. | None (examinee tested with regular print materials and standard time) Braille version with extended time Large print version with standard time Large print version with extended time Oral presentation (audiocassette or reader's script) with extended time Scribe to transfer answers to answer document; tested with standard time Scribe to transfer answers to answer document; tested with extended time Scribe to transfer inswers to answer document; tested with extended time Signing of verbal instructions (not test items) with standard time  |
|----------|--|----------------------------|---|
|          |  | J.                         | Signing of verbal instructions (not test items) with extended time Assistive communication device with extended time Extended time (with regular print materials)   |
| 8.       | In which educational programs is the examinee currently receiving services? Fill in the one oval that most accurately reflects the examinee's status.  | A.<br>B.<br>C.<br>D.<br>E. | None IEP only 504 only Title I only IEP and Title I 504 and Title I   |
| 9.       | Is the examinee <u>eligible</u> for free or reduced luncle. Fill in the <u>one</u> oval that most accurately reflects the examinee's status.   | B.                         | Neither free nor reduced lunch eligible<br>Free lunch eligible<br>Reduced lunch eligible  |
| 10.      | <ul> <li>Tested Status (to be completed after the test) Fill in the one oval that reflects the examinee's tested status. This question should be completed for all examinees, regardless of whether a bar-code label is present.</li> <li>If the examinee tested and the answer document is to be scored, oval A should be filled in after the test session.</li> <li>If an examinee did not test, please fill in the one oval (B through G, I, J, or L) that describes why an examinee did not test.</li> <li>If the examinee's test was invalidated during testing due to prohibited behavior, the answer document must be marked VOID across page 1 and oval L must be filled in after the test. Voided answer documents must be attached to an Irregularity Report which explains the invalidation.</li> <li>If the examinee was absent on both April 28 and May 12, 2014, oval I must be filled in after the May 12 makeup test session.</li> </ul> | B. C. D. E. F. G.          | Examinee tested and answer document is to be scored.  Did not test – Examinee does not read English.  Did not test – Examinee took 11 <sup>th</sup> Grade Alternative  Assessment.  Did not test – Parent refusal.  Did not test – Examinee withdrew from this school  between April 28, 2014, and May 12, 2014, and did not  complete the test.  Did not test – Extreme frustration.  Did not test – Requested accommodations not approved  by ACT and examinee chose not to test with state-allowed  accommodations.  Examinee was absent on BOTH initial and makeup test  dates.  Did not test – Examinee is eligible to receive home bound education for medical needs.  Examinee dismissed due to prohibited behavior – answer document marked "VOID" must be attached to an  Irregularity Report explaining the invalidation. |
| NI-1- 18 | · · · · · · · · · · · · · · · · · · ·  | ما م                       | not test (any status other than A) check to be sure that  |

Note: When you complete Question 10 for examinees who do not test (any status other than A), check to be sure that ALL of the following required fields are completed and ovals filled in on the answer document. These fields must be present in addition to a response in Block V. Also check that Block K (High School Code) is completed if your school is NOT the examinee's "home" high school. (Please remember—the procedures for completing Block V also apply to examinees who do not test.)

- Block B, Name (page 1 of answer document)
- Block E, Gender (page 1 of answer document)
- Block O, City (page 6 of answer document)
- Block P, State Code (page 6 of answer document)
- Block U, SASID Number (page 6 of answer document) or Barcode Label



| 11. | What is the examinee's race/ethnicity? Fill in one oval that corresponds to the Federal race reporting category. | <ul> <li>A. American Indian or Alaska Native</li> <li>B. Asian</li> <li>C. Black or African American</li> <li>D. Hispanic</li> <li>E. Native Hawaiian or other Pacific Islander</li> <li>F. White</li> <li>G. Two or more races</li> </ul> |
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