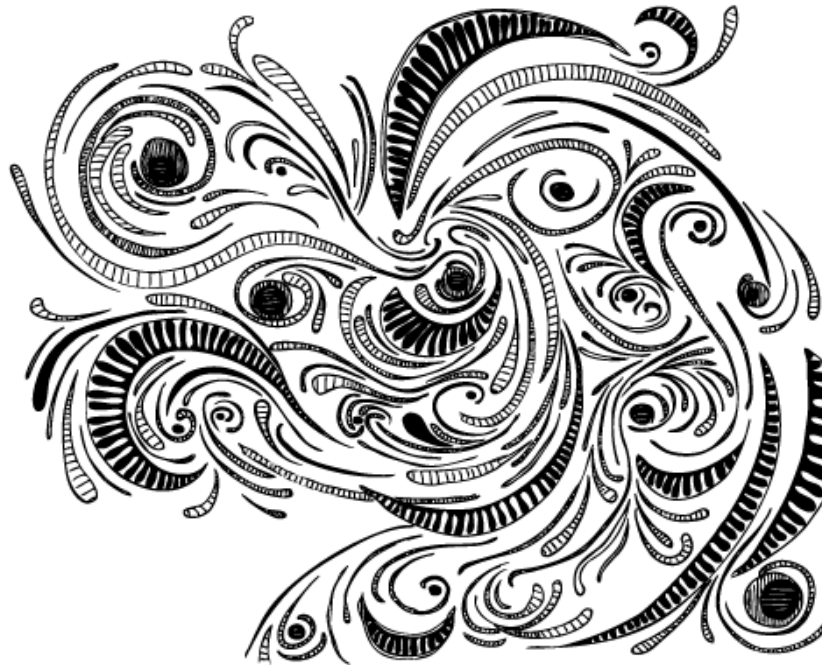


# SEVENTH-DAY ADVENTIST TEST COORDINATORS GUIDE 2017-2020



# SEVENTH-DAY ADVENTIST TEST COORDINATORS GUIDE

- FILLING OUT ANSWER DOCUMENT WITHOUT A BARCODE LABEL

Iowa Assessments™ Complete/Core  
Cognitive Abilities Test™

Form E or F  
Form 7

IA  
Level  
**13**

LAST NAME												FIRST NAME												M.I.
SMITH-JONES												SUSAN												P
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
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		

<b>ID NUMBER</b> 0 1 2 3 2 1 0 3	<b>DATE OF BIRTH</b> Dec 1 0 2 0 0 3 Jan Day Year Feb 0 19 0 Mar 1 20 1 1 Apr 2 2 2 May 3 3 Jun 4 4 Jul 5 5 Aug 6 6 Sep 7 7 Oct 8 8 Nov 9 9 Dec 9 9	<b>ETHNICITY/RACE</b> ETHNICITY (Mark only one) <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino RACE (Mark one or more) <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White
-------------------------------------	--	---

<b>ADDITIONAL ID NUMBER</b> 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	<b>HOME REPORTING</b> 0 1 2 3 4 5 6 7 8 9	<b>GENDER</b> <input checked="" type="radio"/> Female <input type="radio"/> Male	<b>IA FORM</b> <input checked="" type="radio"/> E <input type="radio"/> F	<b>TEST ADMINISTRATOR USE ONLY</b> CODE A B C D E F G H I J A K 0 0 0 0 0 0 0 0 0 0 B L 1 1 1 1 1 1 1 1 1 1 C M 2 2 2 2 2 2 2 2 2 2 D N 3 3 3 3 3 3 3 3 3 3 E O 4 4 4 4 4 4 4 4 4 4 F P 5 5 5 5 5 5 5 5 5 5 G Q 6 6 6 6 6 6 6 6 6 6 H R 7 7 7 7 7 7 7 7 7 7 I S 8 8 8 8 8 8 8 8 8 8 J T 9 9 9 9 9 9 9 9 9 9
---	--	--	--	--

<b>PROGRAMS</b> (Mark all that apply) <input type="radio"/> IEP <input type="radio"/> F/RL <input type="radio"/> ELL <input type="radio"/> T1 L <input type="radio"/> Other 1 <input type="radio"/> 504 <input type="radio"/> GT <input type="radio"/> MG <input type="radio"/> T1 M <input type="radio"/> Other 2	<b>OFFICE USE ONLY</b> 0 1 2 3 4 5 6 7 8 9 10 V Q N
---	--

BRILLE

SAMPLE TEACHER \_\_\_\_\_ Grade 7

SAMPLE SCHOOL \_\_\_\_\_

SAMPLE CONFERENCE \_\_\_\_\_

ANY CITY/ANY STATE \_\_\_\_\_

Teacher School System/District City/State

Place barcode label in the space above.

**STUDENT NAME:**

Write in student's name in the boxes, Last Name, First Name, and Middle Initial. Darken the corresponding bubbles

LAST NAME												FIRST NAME			M.I.				
S	M	I	T	H	-	J	O	N	E	S		S	U	S	A	N		P	

**ID NUMBER:**

Right justify; enter and bubble only the actual ID number, leave all other bubbles blank.

ID 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

**DATE OF BIRTH:**

Write in Month, Day, and Year of birth in the boxes. Darken the corresponding bubbles. A missing or incorrect date of birth will result in missing CogAT scores.

DATE OF BIRTH			
	Dec	1	0
<input type="radio"/>	Jan	Day	Year
<input type="radio"/>	Feb	0	19
<input type="radio"/>	Mar	1	20
<input type="radio"/>	Apr	2	2
<input type="radio"/>	May	3	3
<input type="radio"/>	Jun	4	4
<input type="radio"/>	Jul	5	5
<input type="radio"/>	Aug	6	6
<input type="radio"/>	Sep	7	7
<input type="radio"/>	Oct	8	8
<input type="radio"/>	Nov	9	9
<input checked="" type="radio"/>	Dec		

**PROGRAMS:**

Select all programs that apply to student:

IEP = Individualized Education Plan

504 = 504 Plan

F/RL = Free/Reduced Lunch

GT = Gifted/Talented

ELL = English Language Learner

MG = Migrant Student

TI L = Title One Language

TI M = Title One Math

Other 1 = (optional)

Other 2 = (optional)

PROGRAMS				
(Mark all that apply)				
<input type="radio"/> IEP	<input type="radio"/> F/RL	<input type="radio"/> ELL	<input type="radio"/> TI L	<input type="radio"/> Other 1
<input type="radio"/> 504	<input type="radio"/> GT	<input type="radio"/> MG	<input type="radio"/> TI M	<input type="radio"/> Other 2

**OFFICE USE ONLY:**

**Bubble Z** – Excluding students from group averages with approval

Bubble Z if student has been permitted to be excluded from group averages by your Conference office

OFFICE USE ONLY													
<input checked="" type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	<input type="radio"/> V	<input type="radio"/> Q	<input type="radio"/> N

**TEST ADMINISTRATOR USE ONLY:**

**“Code” Column** – Use the following as suggested on page 23 of the Procedures for Supplemental Coding Manual (available in DataManager in “Digital Resources”)

- A - if student tested off level or out of level
- B - if student used Braille
- C - if student used Large Print
- D - if student had answers recorded by an assistant
- E - if student was given extended time
- F - if student was given communication assistance
- G - if student was tested individually or in small groups
- H - if student had directions repeated
- I - if student had some tests read aloud
- J - if student used a word-to-word dictionary for translation

TEST ADMINISTRATOR USE ONLY										
CODE	A	B	C	D	E	F	G	H	I	J
A	K	0	0	0	0	0	0	0	0	0
B	L	1	1	1	1	1	1	1	1	1
C	M	2	2	2	2	2	2	2	2	2
D	N	3	3	3	3	3	3	3	3	3
E	O	4	4	4	4	4	4	4	4	4
F	P	5	5	5	5	5	5	5	5	5
G	Q	6	6	6	6	6	6	6	6	6
H	R	7	7	7	7	7	7	7	7	7
I	S	8	8	8	8	8	8	8	8	8
J	T	9	9	9	9	9	9	9	9	9





o Section 1: **Information Box**

- For Testing Date, enter date provided in your Directions for Testing letter; your school's name for Building Name; your Conference name for System Name; and the city where your school is located for City.

<b>1. INFORMATION BOX</b>	
Testing Date	September 26, 2016
Building Name	Any SDA Acad
System Name	Any Conference
City	Any City
State	CA

o Section 2: **Class Name Box**

- Always use the first and last name of the teacher for class name
  - This assures students are reported under correct teacher name
- Elementary/Junior High: First and Last name of teacher
  - If the teacher teaches multiple grade levels, and these levels need to be identified, please enter the first and last name of the teacher, then the grade level. For example:
    - o John Roberts 3
    - o John Roberts 4
    - o John Roberts 5
- Secondary – Same as Elementary/Jr High or may use:
  - Freshman, Sophomore, Junior, Senior

<b>2. CLASS NAME</b>																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
R	O	G	E	R		S	M	I	T	H									

- o Section 3: **Class Code Box.**
  - Leave blank.

3.  
CLASS  
CODE

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

- o Section 4: **Grade Box**
  - Darken the circle that corresponds to the relevant grade level. This level should reflect the same grade as the students' answer documents.

4.  
GRADE

Enter one grade.

PRE K	<input type="radio"/>
K	<input type="radio"/>
1	<input type="radio"/>
2	<input type="radio"/>
3	<input checked="" type="radio"/>
4	<input type="radio"/>
5	<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"/>
13	<input type="radio"/>
14	<input type="radio"/>
15	<input type="radio"/>
16	<input type="radio"/>
	<input type="radio"/>
3	

- o Section 5: **Form Box**
  - Darken the circle for **E** on all Grade/Class Identification Sheets.

5.  
FORM

0		A	N
1		B	O
2		C	P
3	OR	D	Q
4		<input checked="" type="radio"/>	R
5		F	S
6		G	T
7		H	U
8		I	V
9		J	W
		K	X
		L	Y
		M	Z

E

- o Section 6: **Answer Document Count Box**
  - Darken the circle(s) that correspond to the number of student answer folders that are in one grade/class group.

6. ANSWER DOCUMENT COUNT

0	0	0	0
<input checked="" type="radio"/>	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	<input checked="" type="radio"/>	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
1	2	3	4
1	5		



- **SCORE REPORTS**

- All reporting is done by Conference; each Conference receives the following reports:
  - List report of Student Scores with Conference, Building, and Class Summaries
  - Student Score Label Iowa
  - Student Score Label CogAT (for grades administered)
  - Profile Narrative Iowa (Grades 1-12)
  - Profile Narrative CogAT (Grade K, if administered)
  - DataManager Web Reporting
    - Each Conference is responsible for distributing web keys to their schools
- Optional reports that can be ordered on the OSS or be requested after testing as a Late Request for an additional charge:
  - Group Performance Profile
  - Individual Performance Profile
  - Group Diagnostic Report
  - Group Item Analysis
  - Extra copy Profile Narrative



- **OPTIONAL TESTING**

- Schools and/or conferences may optionally test students in the spring
  - Optional testing checklist
    - ✓ Make sure you have enough test material or place an order for additional test material.
    - ✓ Optional test material is discounted 15% of current catalog prices.
    - ✓ Contact your HMH Assessments Project Coordinator to request a form for Ordering HMH Scoring Services (OSS) for optional testing.
      - Include which reports are needed.
      - If an individual school, identify which Conference you are with.
      - If answer documents are sent to our Scoring Center without an OSS you will only receive the basic service list report with summaries and the data may not match back to previous test administrations
    - ✓ Scoring and reports are discounted at 10% off current catalog prices.

- **HMH ASSESSMENT CONTACTS**

- Naomi Gaul-Treanor, Senior Project Coordinator
  - Phone: 630.659.1291
  - E-mail: naomi.gaul-treanor@hmhco.com
- Martha Ryan, Project Coordinator
  - Phone: 630.659.1305
  - E-mail: martha.ryan@hmhco.com
- Michele Baker, Senior Director, East Region
  - E-mail: michele.baker@hmhco.com
- William (Bill) McCauslen, Western Regional Vice President
  - E-mail: bill.mccauslen@hmhco.com