

## ELEMENTARY SCHOOL ITBS TEST CONTROL SHEET

**IMPORTANT: YOU MAY COMPLETE ONE OF THESE FOR EACH CLASS OR TRACK, BUT A & E NEEDS **ONE** SUMMARY CONTROL SHEET PER GRADE LEVEL TURNED IN FOR YOUR SCHOOL.**

SCHOOL \_\_\_\_\_

TEACHER \_\_\_\_\_

GRADE \_\_\_\_\_

TEST DATE \_\_\_\_\_

**READING TOTAL**  
(Reading Comprehension  
+ Vocabulary)

**MATH TOTAL**  
(Concepts & Estimation  
+ Problem Solving &  
Data Interp. + Computation)

**TOTAL NUMBER OF STUDENTS:**

ENROLLED AT TIME OF TESTING \_\_\_\_\_

EXCUSED FROM TESTING (includes absent students) \_\_\_\_\_

EXCLUDED FROM AVERAGES \_\_\_\_\_

**TOTAL NUMBER OF ANSWER SHEETS** \_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_

- \_\_\_\_\_

≡ \_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_

- \_\_\_\_\_

≡ \_\_\_\_\_

Each school should return one Test Control Sheet per grade. Please prepare answer sheets prior to returning them to the Assessment & Evaluation office. As you complete each of the following tasks, put a check mark in the appropriate box. Thank you for your cooperation.

**AFTER TESTING:**

- ( ) Check all answer sheets to make sure that the student name, student ID, grade, school, and teacher name have been preprinted **or** entered by hand.
- ( ) Erase all stray marks, darken light marks, and clean up incomplete erasures.
- ( ) Separate answer sheets by grade into 3 groups: (1) all answer sheets included in averages (2) all answer sheets excluded from averages and (3) all answer sheets excluded from testing (don't forget absent students). Prepare Header sheets for group (1) and (2).
- ( ) Stack answer sheets so they all face the same direction with the Header Sheets on top of the answer sheets. Place groups (2) and (3) on top of group (1).
- ( ) Verify the total number of answer sheets in each group. Record number at top of sheet. *Remember to include absent students in the total number of students excused from testing.*
- ( ) For each grade, place the TEST CONTROL SHEET on top of the sorted Header and answer sheets.
- ( ) Sign and date this sheet:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN ALL ANSWER SHEETS TO ASSESSMENT AND EVALUATION BY DATE SPECIFIED

**Please complete the attached form: Indicate the student's name and the reason he/she is excused from testing or his/her scores are excluded from averages!**