



Standardized Testing



Path to Success: Practical Steps to Follow during Your Testing Process



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WHAT TO KNOW BEFORE TESTING

Check your materials: Please take the time to make sure all items are included in your shipment. If you are missing any items, please contact Abeka Testing within 10 days.

Read through the directions for administration booklet: If you need to make notes, please use a separate sheet of paper (do not write in these books).

Use a No. 2 pencil: The test **will not** scan correctly if another writing utensil is used.

Returns: All test booklets, Directions for Administration, and answer documents should be returned to the Abeka office within 30 days of the test date.

INSPECTING THE COMPLETE DOCUMENTS

■ Building Identification Sheet (purple)

- INFORMATION BOX—Fill in the testing date.
- BUILDING NAME
 - Abbreviate your school's name (up to 3 letters), fill in your Account Number next to your abbreviation.
 - Example: First Faith Baptist School would be FFB1234567
 - Example: Grace Academy would be GA04367583
- BUILDING CODE—Leave box blank.

BUILDING IDENTIFICATION SHEET 9-68950

The purpose of this sheet is to identify the building in which the accompanying answer documents were used. One BUILDING IDENTIFICATION SHEET, properly filled in, must accompany the answer documents for each building in the system.

Use a #2 pencil to mark this sheet.

1. INFORMATION BOX
Part of the information requested.

2. BUILDING NAME
In the row of boxes at the bottom of the grid, print the building name as it must appear on all reports. Abbreviate if necessary, but only one letter or number in each of the 20 boxes.

3. BUILDING CODE
This section is optional. If building codes are to print on the reports, enter the building codes in the boxes at the bottom of the grid and then indicate the corresponding letter or number circle above each box.

4. SCORING SERVICE ONLY
This is for Scoring Service use only. Do not mark in the scored areas.

Place this sheet on top of all the answer documents for this building.

1. INFORMATION BOX
Training Date: April 13, 2020
System Name: Abeka
City: Chicago State: IL

2. BUILDING NAME
[Grid with 20 columns and 10 rows of bubbles]

3. BUILDING CODE
[Grid with 10 columns and 10 rows of bubbles]

4. SCORING SERVICE ONLY
[Grid with 10 columns and 10 rows of bubbles]

■ Grade/Class Identification Sheet (blue)

- INFORMATION BOX—Enter the testing date.
- CLASS NAME
 - Put the grade, bubble in an empty circle for a teacher, put the last name of the teacher.
 - Example: Four Smith
- CLASS CODE—Leave box blank.
- GRADE—Bubble in the grade for that class/student.
- FORM—Bubble "E" for Iowa Assessments materials or "7" for CogAT materials. DO NOT fill in both "E" and "7" on the same Class Sheet.
 - **Note:** Separate Class Sheets are needed for CogAT materials.
- ANSWER DOCUMENT COUNT—Bubble in the total number of tests.
 - Example: 0015
 - Example: 0020

GRADE/CLASS IDENTIFICATION SHEET 9-68951

The purpose of this sheet is to identify the names of grades and classes in which the accompanying answer documents were used. If class reports are to be identified, please complete one of these sheets for each class in each grade, making sure that the CLASS NAME and GRADE are entered. If class reports ARE NOT required, you must complete these sheets for each grade in a building, leaving the CLASS NAME section blank, by entering the GRADE.

Use a #2 pencil to mark this sheet.

1. INFORMATION BOX
Part of the information requested.

2. CLASS NAME
In the row of boxes at the bottom of the grid, print the class name in the row of name boxes as it must appear on all reports. Abbreviate if necessary, but only one letter or number circle above each box. Do not use the corresponding letter or number circle above any box. Do not use the corresponding letter or number circle above any box.

3. CLASS CODE
This is for Scoring Service use only. Do not mark in the scored areas.

4. GRADE
In the row of boxes at the bottom of the grid, enter the grade and then bubble in the corresponding circle above it.

5. FORM
In the row of boxes at the bottom of the grid, enter the form and then bubble in the corresponding circle above it.

6. ANSWER DOCUMENT COUNT
In the row of boxes at the bottom of the grid, enter the number of answer documents for each class in each grade, making sure that the CLASS NAME and GRADE are entered. If class reports ARE NOT required, you must complete these sheets for each grade in a building, leaving the CLASS NAME section blank, by entering the GRADE.

7. SCORING SERVICE ONLY
This is for Scoring Service use only. Do not mark in the scored areas.

Place this completed Grade/Class Identification Sheet on top of the answer documents for each grade in a building. Do not place this sheet on top of the answer documents for this grade.

1. INFORMATION BOX
Training Date: April 13, 2020
Building Name: FF B
System Name: Abeka
City: Chicago State: IL

2. CLASS NAME
[Grid with 20 columns and 10 rows of bubbles]

3. CLASS CODE
[Grid with 10 columns and 10 rows of bubbles]

4. GRADE
[Grid with 10 columns and 10 rows of bubbles]

5. FORM
[Grid with 10 columns and 10 rows of bubbles]

6. ANSWER DOCUMENT COUNT
[Grid with 10 columns and 10 rows of bubbles]

7. SCORING SERVICE ONLY
[Grid with 10 columns and 10 rows of bubbles]

Demographics Page (back of answer booklet)

- Be sure that only one bubble is marked in each alphabetic column on the NAME GRID.
- DATE OF BIRTH must be filled in for every answer document.**
- In ETHNICITY/RACE box, bubble in the appropriate ethnicity and race.
- In the GENDER box, bubble in the appropriate gender.
- In the IA FORM box, bubble in "E".

Iowa Assessments™ Complete/Core Form E or F IA Level 10
Cognitive Abilities Test™ Form 7

30659851 0001

LAST NAME FIRST NAME MI

ETHNICITY/RACE (Mark only one)

DATE OF BIRTH

GENDER

IA FORM

TEST ADMINISTRATOR USE ONLY

Teacher: Mrs. Smith Grade: High
School: First Faith Baptist School
System/State: AlieKa
City/State: Chicago, IL

11-12-13-507-19-17-16 Manufactured in the United States. 09-28-2019-1-11 148019

Please barcode label in the space above.

Answer Documents

- Check answer documents that require a bubble to be filled in to identify a testing level is fully bubbled in.
- Inspect all answer documents for improper markings. All light marks to be read by the scanner must be darkened with a number 2 pencil. Erase all stray marks.

Iowa Assessments™ Complete/Core Form E or F IA Level 10
Cognitive Abilities Test™ Form 7

READING

Part 1 Part 2

WRITTEN EXPRESSION

MATHEMATICS

Part 1 Part 2

SCIENCE

SOCIAL STUDIES

RETURNS PROCEDURE

■ Avoiding Processing Delays

- Double-check that all answer documents contain a Student Name and Birthdate.
- If any information is missing, unclear, or incorrect, this may require Abeka to contact you resulting in a possible processing delay.
- With questions regarding this returns procedure, please contact us at 1-888-722-0044.

ORGANIZING AND SHIPPING

■ Return Date

- All test booklets, Directions for Administration, and answer documents should be returned to the Abeka office within 30 days of the test date.

■ Order of Documents

- Place materials in boxes in descending order: Building Identification Sheet, Grade/Class Identification Sheet, Demographics page face up, and Answer Documents.

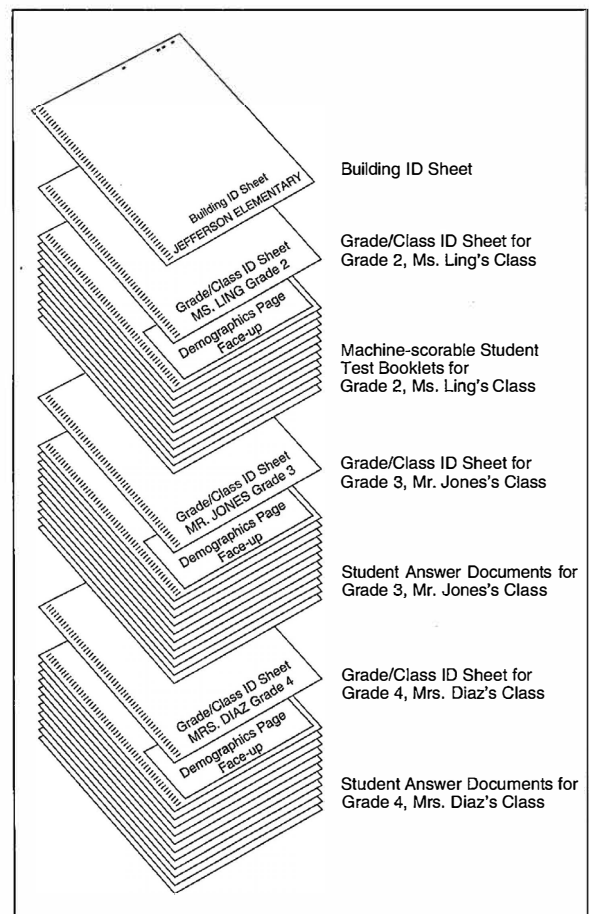
■ Packaging

- Package all of your materials in a sturdy box with additional cushion to prevent damages during transit. If all the materials fit in one box, mark it "package 1 of 1." If shipping multiple boxes, please label accordingly "package 1 of _, package 2 of _, etc."

Note: For second and third grade, pack Iowa Form E materials separate from CogAT Form 7 materials.

- Ship all materials at once via a trackable method to:

Abeka Standardized Testing
5418 Rawson Lane
Pensacola, FL 32503



RECEIVING RESULTS

Place this form in Box 1 with your answer documents.

Provide the administrator's name and email address to be set up for access to your school's results. This address will be emailed a username and password to view and download your school's reports. If an email address is not provided, the address on file with your Abeka account will be used.

Name: _____ Email: _____

To the best of my ability, I have checked and followed the returns procedure.

Sign: _____ Acct. #: _____

ABOUT ABEKA STANDARDIZED TESTING

All materials are to be returned to

Abeka Standardized Testing
5418 Rawson Lane
Pensacola, FL 32503

Questions regarding
Abeka Standardized Testing:

Please contact

 **1-888-722-0044** customer service

Office hours: 8 a.m.–4:45 p.m. CT
or email

 **abekatesting@abeka.com**

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