IF APPLICABLE

ALIGN TOP OF LABEL HERE

South Carolina

PASS

Palmetto Assessment of State Standards

SECURITY NUMBER

ANSWER DOCUMENT
GRADE 4
ALL SUBJECTS

Student's Last Name	Student's First Name	MI

520317-10426000012

SERIAL#

Complete the fields that were not transmitted through precode by your district.

Birth Date

Month	Day	Year
Jan	1 11 21 31	1997
Feb	2 12 22	1998
Mar	3 13 23	1999
Apr	4 14 24	2000
May	5 15 25	2001
June	6 16 26	2002
Jul	7 17 27	2003
Aug	8 18 28	2004
Sep	9 19 29	
Oct	10 20 30	
Nov		
Dec		

Hispanic or Latino

- Yes

Race

Mark **all** that apply.

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Gender

- Female
- Male

Migrant

- Yes

504 Plan

- Yes

Alt Sch Prog

- Yes

M

- F
- R

ESL

- Pre-functional
- Beginner
- Intermediate
- Advanced
- Initially English Proficient
- Title III First Year Exited
- Title III Second Year Exited
- English Speaker I
- English Speaker II
- Pre-functional Waiver
- Beginner Waiver
- Intermediate Waiver
- Advanced Waiver

PowerSchool Number

0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

Student State ID

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

Special Education

AU	HH	PMD
DB	LD	SP
DD	MD	TBI
EH	OHI	TM
EM	OH	VH

Fall Assign Code

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

TO BE COMPLETED FOR ENGLISH LANGUAGE ARTS

Teachers/test administrators must complete all applicable codes.

IEP/504 Standard Accommodations

Mark all that apply.

- Setting
- Timing
- Scheduling
- Presentation - Other
- Response Options
- Supplemental Materials or Devices

IEP Special Request Code

1
2

IEP Invalidation

ESL Accommodations

Mark all that apply.

- Bilingual Dictionary
- Directions Translated
- Individual and Small Group Administration
- Scheduling
- Timing

For Office Use Only

A B C D E F G H
I J K L M N O P
Q R S T U X

Do Not Score

IEP/504 Non-Standard Accommodations

- Presentation - Oral Administration Script
- Presentation - Signed Administration Script
- Presentation - Signed Administration DVD

Test Administrator Name: _____

(Print First and Last Name)

PASS: SECURE TEST GR4/AD S13

TO BE COMPLETED FOR MATHEMATICS

Teachers/test administrators must complete all applicable codes.

IEP/504 Standard Accommodations
Mark all that apply.

- ◯ Setting
- ◯ Timing
- ◯ Scheduling
- ◯ Presentation - Oral Administration Script
- ◯ Presentation - Signed Administration Script
- ◯ Presentation - Signed Administration DVD
- ◯ Presentation - Other
- ◯ Response Options
- ◯ Supplemental Materials or Devices

IEP Special Request Code

① ②

IEP Invalidation

◯

ESL Accommodations
Mark all that apply.

- ◯ Bilingual Dictionary
- ◯ Directions Translated
- ◯ Individual and Small Group Administration
- ◯ Oral Administration
- ◯ Scheduling
- ◯ Timing

IEP/504 Non-Standard Accommodations

- ◯ Calculator

For Office Use Only

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ
Ⓘ Ⓙ Ⓚ Ⓛ Ⓜ Ⓝ Ⓞ Ⓟ
Ⓠ Ⓡ Ⓢ Ⓣ Ⓤ Ⓧ

Do Not Score

◯

Test Administrator Name: _____
(Print First and Last Name)

TO BE COMPLETED FOR SCIENCE

Teachers/test administrators must complete all applicable codes.

IEP/504 Standard Accommodations
Mark all that apply.

- ◯ Setting
- ◯ Timing
- ◯ Scheduling
- ◯ Presentation - Oral Administration Script
- ◯ Presentation - Signed Administration Script
- ◯ Presentation - Signed Administration DVD
- ◯ Presentation - Other
- ◯ Response Options
- ◯ Supplemental Materials or Devices

IEP Special Request Code

① ②

IEP Invalidation

◯

ESL Accommodations
Mark all that apply.

- ◯ Bilingual Dictionary
- ◯ Directions Translated
- ◯ Individual and Small Group Administration
- ◯ Oral Administration
- ◯ Scheduling
- ◯ Timing

For Office Use Only

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ
Ⓘ Ⓙ Ⓚ Ⓛ Ⓜ Ⓝ Ⓞ Ⓟ
Ⓠ Ⓡ Ⓢ Ⓣ Ⓤ Ⓧ

Do Not Score

◯

Test Administrator Name: _____
(Print First and Last Name)

TO BE COMPLETED FOR SOCIAL STUDIES

Teachers/test administrators must complete all applicable codes.

IEP/504 Standard Accommodations
Mark all that apply.

- ◯ Setting
- ◯ Timing
- ◯ Scheduling
- ◯ Presentation - Oral Administration Script
- ◯ Presentation - Signed Administration Script
- ◯ Presentation - Signed Administration DVD
- ◯ Presentation - Other
- ◯ Response Options
- ◯ Supplemental Materials or Devices

IEP Special Request Code

① ②

IEP Invalidation

◯

ESL Accommodations
Mark all that apply.

- ◯ Bilingual Dictionary
- ◯ Directions Translated
- ◯ Individual and Small Group Administration
- ◯ Oral Administration
- ◯ Scheduling
- ◯ Timing

For Office Use Only

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ
Ⓘ Ⓙ Ⓚ Ⓛ Ⓜ Ⓝ Ⓞ Ⓟ
Ⓠ Ⓡ Ⓢ Ⓣ Ⓤ Ⓧ

Do Not Score

◯

Test Administrator Name: _____
(Print First and Last Name)

ENGLISH LANGUAGE ARTS

Form Type
◯ A
◯ A-LP
◯ A-LL
◯ C-BR
◯ C-SL

Form Number
◯ L01

Start Time		Stop Time	
Hour	Min.	Hour	Min.
7 12	00	7 12	00
8 1	15	8 1	15
9 2	30	9 2	30
10 3	45	10 3	45
11 4		11 4	

1.	A	B	C	D
2.	F	G	H	I
3.	A	B	C	D
4.	F	G	H	I
5.	A	B	C	D
6.	F	G	H	I
7.	A	B	C	D
8.	F	G	H	I
9.	A	B	C	D
10.	F	G	H	I
11.	A	B	C	D
12.	F	G	H	I
13.	A	B	C	D
14.	F	G	H	I
15.	A	B	C	D
16.	F	G	H	I
17.	A	B	C	D
18.	F	G	H	I
19.	A	B	C	D
20.	F	G	H	I
21.	A	B	C	D
22.	F	G	H	I
23.	A	B	C	D
24.	F	G	H	I
25.	A	B	C	D
26.	F	G	H	I
27.	A	B	C	D
28.	F	G	H	I
29.	A	B	C	D
30.	F	G	H	I
31.	A	B	C	D
32.	F	G	H	I
33.	A	B	C	D
34.	F	G	H	I
35.	A	B	C	D
36.	F	G	H	I

PASS: SECURE TEST GR4/AD S13

MATHEMATICS

Form Type
◯ A
◯ A-LP
◯ A-LL
◯ C-BR
◯ C-SL

Form Number
◯ M01

Start Time		Stop Time	
Hour	Min.	Hour	Min.
7 12	00	7 12	00
8 1	15	8 1	15
9 2	30	9 2	30
10 3	45	10 3	45
11 4		11 4	

1.	A	B	C	D
2.	F	G	H	I
3.	A	B	C	D
4.	F	G	H	I
5.	A	B	C	D
6.	F	G	H	I
7.	A	B	C	D
8.	F	G	H	I
9.	A	B	C	D
10.	F	G	H	I
11.	A	B	C	D
12.	F	G	H	I
13.	A	B	C	D
14.	F	G	H	I
15.	A	B	C	D
16.	F	G	H	I
17.	A	B	C	D
18.	F	G	H	I
19.	A	B	C	D
20.	F	G	H	I
21.	A	B	C	D
22.	F	G	H	I
23.	A	B	C	D
24.	F	G	H	I
25.	A	B	C	D
26.	F	G	H	I
27.	A	B	C	D
28.	F	G	H	I
29.	A	B	C	D
30.	F	G	H	I
31.	A	B	C	D
32.	F	G	H	I
33.	A	B	C	D
34.	F	G	H	I
35.	A	B	C	D
36.	F	G	H	I
37.	A	B	C	D
38.	F	G	H	I
39.	A	B	C	D
40.	F	G	H	I
41.	A	B	C	D
42.	F	G	H	I
43.	A	B	C	D
44.	F	G	H	I
45.	A	B	C	D
46.	F	G	H	I
47.	A	B	C	D
48.	F	G	H	I
49.	A	B	C	D
50.	F	G	H	I
51.	A	B	C	D
52.	F	G	H	I
53.	A	B	C	D
54.	F	G	H	I
55.	A	B	C	D
56.	F	G	H	I

PASS: SECURE TEST GR4/AD S13

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SCIENCE

Form Type
◯ A
◯ A-LP
◯ A-LL
◯ C-BR
◯ C-SL

Form Number
◯ S01

Start Time		Stop Time	
Hour	Min.	Hour	Min.
7 12	00	7 12	00
8 1	15	8 1	15
9 2	30	9 2	30
10 3	45	10 3	45
11 4		11 4	

1.	A	B	C	D
2.	F	G	H	I
3.	A	B	C	D
4.	F	G	H	I
5.	A	B	C	D
6.	F	G	H	I
7.	A	B	C	D
8.	F	G	H	I
9.	A	B	C	D
10.	F	G	H	I
11.	A	B	C	D
12.	F	G	H	I
13.	A	B	C	D
14.	F	G	H	I
15.	A	B	C	D
16.	F	G	H	I
17.	A	B	C	D
18.	F	G	H	I
19.	A	B	C	D
20.	F	G	H	I
21.	A	B	C	D
22.	F	G	H	I
23.	A	B	C	D
24.	F	G	H	I
25.	A	B	C	D
26.	F	G	H	I
27.	A	B	C	D
28.	F	G	H	I
29.	A	B	C	D
30.	F	G	H	I
31.	A	B	C	D
32.	F	G	H	I
33.	A	B	C	D
34.	F	G	H	I
35.	A	B	C	D
36.	F	G	H	I
37.	A	B	C	D
38.	F	G	H	I
39.	A	B	C	D
40.	F	G	H	I
41.	A	B	C	D
42.	F	G	H	I
43.	A	B	C	D
44.	F	G	H	I
45.	A	B	C	D

PASS: SECURE TEST GR4/AD S13

SOCIAL STUDIES

Form Type
◯ A
◯ A-LP
◯ A-LL
◯ C-BR
◯ C-SL

Form Number
◯ H01

Start Time		Stop Time	
Hour	Min.	Hour	Min.
7 12	00	7 12	00
8 1	15	8 1	15
9 2	30	9 2	30
10 3	45	10 3	45
11 4		11 4	

1.	A	B	C	D
2.	F	G	H	I
3.	A	B	C	D
4.	F	G	H	I
5.	A	B	C	D
6.	F	G	H	I
7.	A	B	C	D
8.	F	G	H	I
9.	A	B	C	D
10.	F	G	H	I
11.	A	B	C	D
12.	F	G	H	I
13.	A	B	C	D
14.	F	G	H	I
15.	A	B	C	D
16.	F	G	H	I
17.	A	B	C	D
18.	F	G	H	I
19.	A	B	C	D
20.	F	G	H	I
21.	A	B	C	D
22.	F	G	H	I
23.	A	B	C	D
24.	F	G	H	I

25.	A	B	C	D
26.	F	G	H	I
27.	A	B	C	D
28.	F	G	H	I
29.	A	B	C	D
30.	F	G	H	I
31.	A	B	C	D
32.	F	G	H	I
33.	A	B	C	D
34.	F	G	H	I
35.	A	B	C	D
36.	F	G	H	I
37.	A	B	C	D
38.	F	G	H	I
39.	A	B	C	D
40.	F	G	H	I
41.	A	B	C	D
42.	F	G	H	I
43.	A	B	C	D
44.	F	G	H	I
45.	A	B	C	D
46.	F	G	H	I
47.	A	B	C	D
48.	F	G	H	I

49.	A	B	C	D
50.	F	G	H	I
51.	A	B	C	D
52.	F	G	H	I
53.	A	B	C	D
54.	F	G	H	I
55.	A	B	C	D
56.	F	G	H	I