WELCOME

HIGH SCHOOL PROFICIENCY ASSESSMENT &

END OF COURSE BIOLOGY TEST

District Test Coordinator Training

March 2008

January 23 – North
January 24 – Central
January 25– South

(updated 10-04-07)
PLEASE!

Silence Cell Phones or Use Vibrate Mode

&

No Conversation During Training Session
FUTURE MEETINGS

October 2008 HSPA
REVISED
Coordinator Training Dates

NORTH – September 9 (Tuesday)

CENTRAL – September 10 (Wednesday)

SOUTH – September 11 (Thursday)
OCTOBER 2008 TEST DATES

Monday – September 29
Thursday – October 2
Friday – October 3

Monday – October 6
Tuesday – October 7
Wednesday – October 8

Math
LAL Day 1
LAL Day 2

Math Make-Up
LAL Day 1 Make-Up
LAL Day 2 Make-Up
<table>
<thead>
<tr>
<th>Date</th>
<th>Training Event</th>
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<tbody>
<tr>
<td>January 23, 2008</td>
<td>District Test Coordinator Training (North)</td>
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<td>January 24, 2008</td>
<td>District Test Coordinator Training (Central)</td>
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<tr>
<td>January 25, 2008</td>
<td>District Test Coordinator Training (South)</td>
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*Scheduled by District: School Test Coordinator Training (if needed)*  
*Scheduled by District: Mandatory Examiner/Proctor Training*
I. Welcome
II. Calendar of Events
III. Program Highlights
   A. Timing of Test Sections
   B. Who Must be Tested
   C. Providing SE/504 & LEP Accommodations
   D. Changes to High School Assessments
IV. Before Testing
   A. General Information
   B. ID Labels
   C. Gridding Answer Folders
   D. Periodic Table of the Elements
   E. Calculator Use and Mathematics Reference Sheet
   F. Writer’s Checklist and Writing Task Folders
V. Test Administration
   A. Test Security
   B. Selecting and Training Examiners, Proctors, and Other Staff
   C. Selecting and Arranging Testing Sites
   D. Receiving and Inventorying Materials Before Testing
   E. Packaging and Distributing Test Materials For Testing
   F. Irregularity Reports

VI. After Testing
   A. Returning Answer Folders, Header Sheets, & Special Handling Envelopes
   B. Completing District Return Form
   C. Returning Test Booklets & Security Forms
AGENDA  
(continued)

VII. Security Visits and Follow-Up
   A. Security Visits
   B. Missing Test Booklet Follow-Up
   C. Missing/Incomplete Forms Follow-Up

VIII. Online Forms & Record Changes
   A. Material Survey
   B. Pre-Id Labels
   D. Authorization to Receive Secure Test Materials Form
   E. Record Change Process

IX. General Question and Answer Period
THINGS TO LOOK FOR

March 2007 Writing Handbook –
October, 2007

Student Preparation Booklet –
November, 2007

Your Guide To The HSPA –
November, 2007

March 2008 Writing Handbook –
October, 2008
HSPA REMINDERS

FALL 2001 HSPA MATH & LAL SAMPLE TEST
HSPA CHANGES

✓ Self-addressed, stamped envelope for District Return Form

✓ Online Test Material Return Form – answer folder & test booklet return validation process

✓ Purple envelope for Category 2 – 4 Irregularity Report returns
HSPA CHANGES

✓ Homeless students to be gridded “99” in SPEC CODES Column B

✓ Interim Multi-Test Administration
   All Sections Roster (October 2008)

✓ Final Multi-Test Administration
   All Sections Roster (March 2009)

✓ Keep District Contact Info Up to Date
   anytime online throughout the year
   (open since November 2007)
ALGEBRA II Test Coordinator
Pearson Educational Measurement

Kevin Baker (319) 341-6330

Kevin.l.baker@pearson.com

Do NOT call MI regarding Algebra II Test.
BIOLOGY “Performance Assessment”
May 20 or 21 or 23, 2008

Fran McKenna  (609) 860-1200

Fmckenna@njpsa.org  New Jersey Principals & Supervisors Association

www.njpaa.org  New Jersey Performance Assessment Alliance

Do NOT call MI regarding Biology “Performance Assessment”. 
Information
www.state.nj.us/education

NJDOE Test Coordinators:

HSPA (Mar.) & EOC  Veronica Orsi  609-292-8739
HSPA (Oct.)        Diane Kubinski  609-292-3226
NJASK 5-8         JoAnne Tubman  609-777-2087
NJASK 3-4         Orlando Vadel  609-341-3456
APA                Elizabeth Celentano  609-984-0107
SRA                Faye Ball  609-984-1970
Office Fax (all assessments):
609-984-6032

NJDOE Measurement Specialists:
Score Reports- Cycle I, Cycle II, State Summary

HSPA & EOC    Rob Akins    609-984-1435
GEPA & APA    Jo-Lin Liang  609-633-6884
NJASK 3-4     Don White     609-777-2051
NJASK 5-7     Roxanna Menson 609-984-9788
MI Contact Information:

Material Survey
Authorization Form
Materials Not Received
Test Material Return Form
Record Changes
Reports Not Received

HSPA Helpline:
800-572-1049

HSPA Website:
www.measinc.com/nj
RECEIPT OF HSPA TEST MATERIALS

February 6-15, 2008  Testing Materials Received by Districts

February 29, 2008  Last Day to Order Supplementary Shipments of Test Materials from MI

*If you have not received your test materials by noon on February 18, call MI at 1-800-572-1049. Your shipment will be traced and additional materials sent, if necessary.*
RECEIPT OF BIOLOGY TEST MATERIALS

April 28 – May 2, 2008  Biology Materials Received by Districts

May 13, 2008  Last Day to Order Supplementary Shipments of Biology Materials from MI

If you have not received your Biology materials by noon on May 5, call MI at 1-800-572-1049. Your shipment will be traced and additional materials sent, if necessary.
Mathematics Section
40 MULTIPLE CHOICE
8 OPEN ENDED

3 HOURS, 16 MINUTES
ALL FORMS
Language Arts Literacy Section - Day 1
VARIABLE FIELD TEST ITEMS
10 MULTIPLE CHOICE
2 OPEN ENDED
1 WRITING TASK

2 HOURS, 25 MINUTES to 2 HOURS, 40 MINUTES DEPENDING ON FORM
Language Arts Literacy Section - Day 2

VARIABLE FIELD TEST ITEMS
10 MULTIPLE CHOICE
2 OPEN ENDED
1 WRITING TASK

2 HOURS, 35 MINUTES to 2 HOURS, 50 MINUTES DEPENDING ON FORM
May 2008 BIOLOGY

Students enrolled in qualifying Biology course during the 2007-08 school year

Monday - May 19, 2008

Biology EOC Test
60 MULTIPLE CHOICE
4 OPEN ENDED

2 HOURS, 36 MINUTES
ALL FORMS
MAKE-UP TEST
DATES

**Tuesday - March 11, 2008**  Mathematics Make-Up

**Wednesday - March 12, 2008**  LAL Day 1 Make-Up

**Thursday - March 13, 2008**  LAL Day 2 Make-Up

**Thursday - May 22, 2008**  Biology Make-Up
INCLEMENT WEATHER & EMERGENCY SCHOOL CLOSINGS

- **DELAYED OPENING**: test ONLY if entire section can be administered before lunch break.

- **FAX IRREGULARITY REPORT** to Office of Evaluation & Assessment and your County Office with the following information:
  - Reason for delay or cancellation,
  - Date & section of delayed or cancelled testing,
  - Revised testing schedule.

- **PROCEED WITH REMAINING TESTING SCHEDULE** as planned.

- **RESCHEDULE CANCELLED TEST SECTION** to occur the **FIRST** available non-testing day.
RETURN
HSPA ANSWER FOLDERS

March 7, 2008
Return *Used* Answer Folders for students who *completed testing* during the regular week.

*Call* Federal Express Air for pick-up to MI.

*Complete* Online Test Material Return Form.

March 14, 2008
Return *ALL* remaining *Used* Answer Folders, *Pink, Yellow & Purple Envelopes*, & *Exited Students Bar-Code Label Return Forms*.

*Call* Federal Express Air for pick-up to MI.

*Complete* Online Test Material Return Form.
RETURN
HSPA TEST BOOKLETS

March 17-21, 2008

Test Booklets are picked-up automatically by Imperatore Courier.

Check ALL Test Booklets for stray Answer Folders.

Do NOT use Federal Express to return Test Booklets. District will have to pay $$$$$$$.

Complete Online Test Material Return Form.

Mail District Return Form to MI.

March 21, 2008

Used Answer Folders Received by MI AFTER this Date Will NOT be processed.
RETURN BIOLOGY ANSWER FOLDERS

May 23, 2008

Return ALL Used Answer Folders, Pink, Yellow, & Purple Envelopes.

Call Federal Express Air for pick-up to MI.

Complete Online Test Material Return Form.
RETURN
BIOLOGY TEST BOOKLETS

May 27-30, 2008

Test Booklets are picked-up *automatically* by Imperatore Courier.

Check *ALL* Test Booklets for *stray* Answer Folders.

Do *NOT* use Federal Express to return Test Booklets. District will have to pay $$$$$$$.

*Complete* Online Test Material Return Form.

*Mail* District Return Form to MI.

May 30, 2008

Used Answer Folders Received by MI *AFTER* this Date Will *NOT* be processed.
March 2008 Reports
MATH & LAL

April 4 – May 4  ONLINE Student Information Record Change Roster activated

Automatic Rescores  ALL Open-Ended Items Rescored for Students with a Scale Score BELOW one Raw Score Point From Passing

May 16  ONLINE All Sections Rosters posted Math & LAL

May 30  ONLINE Subject Rosters, Summaries of District & School Performance Math & LAL, and Exited Students Roster posted
HSPA
ISRs & Student Stickers

June 2-6, 2008  CYCLE I Hardcopy Reports in District – ISRs & Student Stickers – Math & LAL

HSPA Cycle II Reports
First-time Eleventh Grade Students ONLY

July 18, 2008  CYCLE II Reports – Math & LAL
BIOLOGY

June 13 – July 11  ONLINE Student Information Record
Change Roster activated

Automatic Rescores  ALL Open-Ended Items Rescored for
Students with a Scale Score BELOW
one Raw Score Point From Passing

September 18, 2008  ONLINE Biology Roster posted

September 25, 2008  ONLINE Subject Roster, Summaries of District
& School Performance posted – Biology
BIOLOGY
ISRs & Student Stickers

October 1-3, 2008
CYCLE I
Hardcopy Reports in District – ISRs & Student Stickers – Biology

HSPA Cycle II Reports

??????, 2008
CYCLE II Reports – Biology
WHO MUST TAKE THE HSPA

- **ALL** First-time Eleventh-Grade Students must **take** HSPA **Math & LAL**
- **R11, 12, R12, RS & AH** school students who have **not** passed HSPA **Math or LAL**
  - General Education
  - Limited English Proficient [**NO** LAL Exemption]
  - Special Education [except APA]
APA STUDENTS

EXEMPT FROM TAKING HSPA

- All students who are EXEMPT FROM TAKING the HSPA MUST take the Alternate Proficiency Assessment (APA) in Mathematics & Language Arts Literacy as designated in each student’s IEP. (There is no Biology APA at this time).

- For enrollment purposes, a HSPA Answer Folder MUST be submitted for all first-time eleventh-grade APA students.

- If an APA student responds to HSPA items, the answer folder will be scored, DEFAULTED to EXEMPT FROM PASSING, and HSPA scores will be reported.
ALL students enrolled in qualifying Biology course during the 2007-08 school year regardless of grade level (grades 9-R12) & scheduling configuration

- Resource Center Biology = 11
- ESL Biology = 12
- General Biology = 22
- Life Science = 23
- Foundations in Biology = 24
- College Prep Biology = 31
- Honors Biology = 32
- Accelerated Biology = 33
May 2008 BIOLOGY
(continued)

• Advanced Placement Biology: **ONLY** if student did **NOT** take a Biology **prerequisite** = 41

• Integrated Science: **ONLY** if course is an **alternative** to a Biology course and **NOT** a prerequisite for a Biology course = 52

Course & Scheduling to be gridded in SPEC CODES (A & B) field of Biology answer folder.
May 2008 BIOLOGY  

Special Gridding Instructions

- **Course Code** (11 – 52) gridded:  
  Spec Codes Column A

- **Scheduling Configuration** gridded:  
  Spec Codes Column B

66 = *Full Year* - September to May/June  
77 = *Current Semester* - January to May/June  
88 = *Previous Semester* - September to December/January
May 2008 BIOLOGY
(continued)

AT THIS TIME

• Adult High School Students do NOT take the EOC Biology Test.

• Returning Students do NOT take the EOC Biology Test.

• DHS, DOC, JJC students do NOT take the EOC Biology Test.
May 2008 BIOLOGY
(continued)

AT THIS TIME

• There is no IEP Exempt From Passing status.

• There is no IEP Exempt From Taking (APA required) status.

• There are no retesters.
TEMPORARY / EMERGENCY SECTION 504 PLAN

- Sprained or broken arm (etc.) prior to test: prepare a temporary / emergency Section 504 Plan.

- Student allowed to receive test modifications & accommodations described in Appendix A of the Examiner Manual.

- Modifications & accommodations (extra time, scribe, computer, etc.) must be included in Section 504 Plan.

- 504 and SE/504 ACCOMM bubbles must be gridded.
Acceptable Accommodations or Modifications -
(APPENDIX A)

**Code**

A. Setting Accommodations
1. Administering the assessment:
   a. individually in a separate room
   b. in a small group in a separate room
   c. in the resource room
   d. in a special education classroom
   e. using carrels
   f. at home or in a hospital (this will depend on the nature of the assessment task)
2. Seating the student in the front of the room near the examiner or proctor
3. Seating the student facing the examiner or proctor
4. Providing special lighting
5. Providing special furniture (e.g., desks, trays, carrels)

B. Scheduling Accommodations
1. Adding time as needed
2. Providing frequent breaks
3. Terminating a section of the test when a student has indicated that he/she has completed all the items he/she can. The test examiner must ensure that the student has attempted all items in a section since items are not ordered by difficulty. When this accommodation is used, the test must be administered in a small group or individually to avoid distraction.

C. Test Materials Modifications
1. Administering the large-print version of test materials
2. Administering the Braille version of test materials
3. Allowing separate additional continuation pages for writing tasks. These pages MUST be properly marked to link them to the correct student for credit.

D. Test Procedures Modifications
1. Administration modifications
   a. reading directions aloud
   b. reading test items aloud (you may **not** read aloud or sign the reading passages in Language Arts Literacy—you may read the reading items); ONLY the teacher who must read test items aloud is permitted to have a test book assigned to them for this task.
   c. providing and ensuring that amplification (hearing aid and/or FM system) is in working order
LARGE PRINT / BRAILLE

- Need LP or BRAILLE materials but have NOT ordered them: contact MI IMMEDIATELY.

- LP & Braille materials are shipped with regular materials but in SHRINK WRAPPED KIT.

- Kit includes SUPPLEMENTAL INSTRUCTIONS & OMITTED ITEMS LIST that MUST be used.

- SUPPLEMENTAL INSTRUCTIONS MUST be reviewed PRIOR to testing.

- LP & Braille tests MAY NOT be the same as rest of school. THEREFORE, ONLY use LP & Braille kit materials provided.
Out-of-District Placements (ODP)

**Responsibilities of Sending / Home Districts**

- **ALL** students **MUST** be tested *regardless* of student location.

- **Sending / Home** district **MUST** provide the **receiving district** with sending district’s county-district-school codes **AND** all applicable “School Use Only” info for each ODP student.

- **Sending / Home** district **MUST** grid an answer folder for each APA ODP student who is **EXEMPT FROM TAKING** HSPA in **ALL** content areas.
Out-of-District Placements (continued)

**Responsibilities of Receiving Districts / Approved Private Schools**

- *Receiving Districts* (public & approved private schools for the handicapped) may test ODP students.

- *ODP* answer folders *MUST* have the following:
  1. *Testing Site* County-District-School codes.
  2. *Sending* County-District-School codes.

- *Students Attending Out-of–District Placements* roster *MUST* be completed.
Students Attending Out-of-District Placements

Directions: If you are a receiving school/district (i.e., a private school for the handicapped or an educational services facility or a regular district with tuition students), you must complete this form for each administration of the HSPA. Provide all of the information requested regarding your school/district. List every student for whom you are returning a used answer folder and provide the information requested regarding the student and his/her sending school/district. Retain a copy of this form for your records and return the original with the used answer folders to Measurement Incorporated.

Name of the Receiving District/School: ___________________________

Receiving District/School Codes: / 99 / 9 / 4 / 5 / 5 / 9 / 0 / 9 /

Receiving District/School Test Coordinator (Please Print): ___________________________

Signature: __________________ Date: March 16, 2007

Telephone Number: (697) 538 - 9777 Extension: 401

| Student Information | | | | | |
|---------------------|------------------|-----------------|-----------------|-----------------|
| HSPA ID# | Last Name, First Name, MI | DOB | Answer Folder # | Sending District/School | CDS Code |
| Don Dixon | 08.10.87 | 567894 | Goodtown/Happy High | 22.44.44.333 |
| | | | | | |
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Out-of-District Placement Roster
HOMEBOUND, BEDSIDE & Non-Testing ODP Placements

- Students receiving homebound or bedside instruction **MUST** be tested unless they are too ill to participate.

- Testing may occur **ANYTIME** during the 2 week testing period **EXCEPT** persuasive prompt which **MUST** be on a Thursday.

- Examiner **MUST** be:
  - **Licensed** professional employed by the district.
  - **Trained** by school or district test coordinator.
  - **Sign** appropriate School Security Checklists.
  - **Maintain** test security at **ALL** times.
  - **Return** secure test materials to school coordinator **ASAP** after testing is completed.
LIMITED ENGLISH PROFICIENT STUDENTS

- **ALL** LEP students **MUST** be tested. There are **NO** exemptions.
- **FORMER** LEP students are **NOT** permitted LEP accommodations.
- You **MUST** provide **one or more** of the following accommodations:
  1. **Additional time** - **150\%** of the regular administration time: add extra time to **EACH** individually timed part.
  2. **Translate directions** **ONLY** into the student’s native language. Translation of passages, items, prompts, and tasks is **NOT** permitted.
  3. **Use of BILINGUAL TRANSLATION dictionary**, preferably one normally used by the student as part of the instructional program.
- You **MUST** test LEP students in rooms **SEPARATE** from general education students.
RETURNING STUDENTS

Completed ALL graduation requirements

EXCEPT passing HSPA & are NO longer enrolled.

- Grade **MUST** be gridded **RS**.
- Ideally should test at *diploma granting* high school **BUT** may test at *any* high school.
- **CDS code MUST** be gridded using the *diploma granting* high school CDS codes.
- HSPA Bar-Code Labels **MUST** be *used* if available **AND** have *correct* CDS code.
- Returning Student Header Sheets **MUST** be used.
ADULT HIGH SCHOOL STUDENTS

- Grade **MUST** be gridded **AH**.
- **CDS code MUST** be gridded using the *adult high school* CDS codes the student attends.
- Adult High School Students whose *test of record* is the HSPT11 and have **NOT** passed **ALL** sections of the HSPT11 **MUST** pass the HSPA as follows:
  - **NOT** passed HSPT11 Math: **MUST** pass HSPA Math.
  - **NOT** passed BOTH HSPT11 Reading & HSPT11 Writing: **MUST** pass HSPA LAL.
- HSPA Bar-Code Labels **MUST** be *used* if available **AND** have correct CDS code.
- Adult High School Header Sheets **MUST** be used.
<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>SEX</th>
<th>DOB</th>
<th>HSPA ID #</th>
<th>GRADE</th>
<th>EC</th>
<th>T-1</th>
<th>ED</th>
<th>M1</th>
<th>LEP</th>
<th>304</th>
<th>SE</th>
<th>SEX4</th>
<th>EX FROM</th>
<th>TAKE MSLA</th>
<th>EX FROM</th>
<th>PASS MSLA</th>
<th>TID</th>
<th>TID</th>
<th>MATH</th>
<th>LA1</th>
<th>LA2</th>
<th>NOT PRESENT</th>
<th>SEX</th>
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Directions:
1. List (in alphabetical order) the names of every student who will be tested.
2. Indicate the appropriate characteristics of each student (i.e., LEP, T-1, SE, Exempt from Passing, etc.)
3. Indicate student attendance for each day of testing.

NOTE: Examiner should use this roster to verify the information gridded on each student’s answer folder.
HSPA
PRE-ID LABELS

- **ONLY** March administration

- **Ordered on-line** for *First-time Eleventh Grade Students.*

- White label with **YELLOW** stripe

- **ALL** **unused** Pre-ID Labels are to be **DESTROYED**.
HSPA ID BAR-CODE LABELS

- Both March & October administrations
- Automatically sent for Retest Students
- WHITE label

- ALL *unused* HSPA ID Bar-Code Labels **MUST** be returned on the *Exited Student Bar-Code Label Return Form*
BIOLOGY

PRE-ID LABELS

- **Ordered on-line** for Students Enrolled in Qualifying Biology Course.

- White label with **ORANGE** stripe.

- ALL **unused** Pre-ID Labels are to be **DESTROYED**.
Exited Students HSPA ID Bar-Code Label
Return Form

CODE & NAME OF COUNTY

CODE & NAME OF DISTRICT

CODE & NAME OF SCHOOL

District Contact ___________________________ Title ___________________________

Signature ___________________________ Date ___________ Phone ( ) ___________________________

Fax ___________________________

This form **MUST** be used for returning HSPA ID Bar-Code Label(s) for exited students. Do **NOT** use this form to return yellow Pre-ID Labels (Unused Pre-ID Labels for first-time eleventh-grade students are to be destroyed). Return this completed form to Measurement Incorporated with your used regular or make-up answer folder return shipment.

Directions:

1. Affix HSPA ID Bar-Code Label(s) for exited students who are no longer enrolled at this school. This includes students who have transferred to another high school, dropped out, or graduated through the HSPA/SRA. Do not use staples or clips to attach bar-code labels. Tape or glue may be used. Use the front and reverse sides of this form. Reproduce the form as needed.

2. Give the completed form(s) to the District Test Coordinator at the end of the testing period.

3. District Test Coordinator should return this form to Measurement Incorporated with the make-up answer folders.

NO HSPA ID BAR-CODE LABELS WILL BE PROVIDED FOR FUTURE ADMINISTRATIONS FOR STUDENTS WHOSE HSPA ID BAR-CODE LABELS ARE RETURNED ON THIS FORM.
APPENDIX M: Exiting Students HSPA ID Bar-Code Label Return Form
(continued)
MUST GRID

ALL ANSWER FOLDERS

The following fields MUST be gridded (if applicable) for ALL students, with AND without labels:

- Grade
- Test Booklet Form
- Test Booklet Number
- Supplemental Educational Services
- Void
- Not Present Regular
MUST GRID

ALL ANSWER FOLDERS

The following fields MUST be gridded for ALL students, with AND without labels:

- **HSPA ONLY**  
  Homeless (if applicable)  
  SPEC CODES Column B to be gridded “99”.

- **Biology ONLY**  
  Biology Course  
  SPEC CODES  
  Column A gridded to identify type of Biology Course student is enrolled in.

- **Biology ONLY**  
  Scheduling Configuration  
  SPEC CODES Column B gridded to identify Biology course scheduling as full year, current semester block or previous semester block.
CAN GRID

ADD, CHANGE, DELETE

The following fields MUST be gridded if applicable OR if information is incorrect OR missing from a student’s label:

- District/School Student ID Number
- Sex
- Special Codes Column A – District Designed Reports
- Ethnic Code (grid all that apply)
- Title I
- Economically Disadvantaged
- Migrant
CAN GRID

ADD, CHANGE, DELETE

(continued)

- Limited English Proficient
- 504
- Special Education
- SE/504 Accommodations
- IEP Exempt From Passing HSPA
- IEP Exempt From Taking HSPA (APA)
- Time In District
- Time In School
- Sending County-District-School Codes
CANNOT GRID

RECORD CHANGE PROCESS ONLY

The following fields must NOT be gridded for students that have labels. If gridded in error, they MUST be erased completely.

- Name
- Date of Birth
- Testing Site County- District-School Codes
- HSPA ID or Biology ID Number
HSPA ID Number Inquiry Form

CODE & NAME OF COUNTY

CODE & NAME OF DISTRICT

CODE & NAME OF SCHOOL

District Contact ___________________________ Date ___________ Telephone ( ) ________________________

Signature __________________________________ Date ___________ Phone ( ) ________________________

Fax ( ) ______________________

This form must be used to request HSPA ID Numbers. Duplicate this form as needed. Type or use black pen. Refer to additional directions in the District/School Peer Coordinator Manual. Fax this form to Measurement Inc at (800) 683-1581.

FILL IN THIS SECTION TO IDENTIFY STUDENT

<table>
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<th>LAST NAME</th>
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HSPA ID #

FILL IN THIS SECTION TO PROVIDE INFORMATION ABOUT THE LOCATION AND DATE FOR THE STUDENT WHEN LAST TESTED.

<table>
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<th>CODE &amp; NAME OF COUNTY</th>
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Test Administration Date: Month Year

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</tbody>
</table>

HSPA ID #

Test Administration Date: Month Year
### Grid for ALL Students

**High School Proficiency Assessment**
March 2008
Group 1

**Grid for ODP Students Only**

**HSPA ID LABEL**
or
**PRE-ID LABEL**
goes here (if available).

---

**Grid for ALL Students**

### School Name

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>ID</th>
<th>BIRTH DATE</th>
<th>TESTING SITE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>MONTH</td>
<td>DISTRICT CODE</td>
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**HSPA ID NUMBER**

**DISTRICT/SCHOOL STUDENT ID NUMBER**

**SES**

**SENDING DISTRICT**

**SENDING SCHOOL**

---

**Grid for ODP Students Only**

**Grid for ODP Students Only**

**Grid for ODP Students Only**
### HIGH SCHOOL PROFICIENCY ASSESSMENT
#### MATHEMATICS REFERENCE SHEET

| **Pythagorean Formula** | **Trapezoid** | **60 seconds = 1 minute**
|-------------------------|---------------|---------------------------
| $c^2 = a^2 + b^2$       | Area $= \frac{1}{2}h(b_1 + b_2)$ | 60 minutes = 1 hour
| **Rectangle**           |               | 24 hours = 1 day          |
| $Area = lw$             |               | 7 days = 1 week           |
| Perimeter $= 2(l + w)$  |               | 52 weeks = 1 year         |
| **Parallelogram**       |               |                           |
| $Area = bh$             |               |                           |
| **Triangle**            |               |                           |
| Area $= \frac{1}{2}bh$  |               |                           |
| 12 inches = 1 foot      |               |                           |
| 3 feet = 1 yard         |               |                           |
| 36 inches = 1 yard      |               |                           |
| 5,280 feet = 1 mile     |               |                           |
| 1,760 yards = 1 mile    |               |                           |
| 100 centimeters = 1 meter |           |                           |
| 1000 meters = 1 kilometer |             |                           |
| **Cylinder**            |               |                           |
| Volume $= \pi r^2h$     |               | 8 fluid ounces = 1 cup    |
| Surface Area $= 2\pi rh + 2\pi r^2$ |           | 2 cups = 1 pint           |
| **Sphere**              |               | 2 pints = 1 quart         |
| Volume $= \frac{4}{3} \pi r^3$ |           | 4 quarts = 1 gallon       |
| Surface Area $= 4\pi r^2$ |             | 1000 milliliters (mL) = 1 liter (L) |

The sum of the measures of the interior angles of a triangle is $180^\circ$

The measure of a circle is $360^\circ$ or $2\pi$ radians

Given a right triangle:

- $\sin \theta = \frac{\text{opposite side}}{\text{hypotenuse}}$
- $\cos \theta = \frac{\text{adjacent side}}{\text{hypotenuse}}$
- $\tan \theta = \frac{\text{opposite side}}{\text{adjacent side}}$

**Interest** = principal $\times$ rate $\times$ time

**Simple Interest Formula:** $A = p + ptr$

**Compound Interest Formula:** $A = p \left(1 + \frac{r}{t}\right)^t$

$A$ = amount after $t$ years; $p$ = principal; $r$ = annual interest rate; $t$ = number of years; $n$ = number of times compounded per year

The number of combinations of $n$ elements taken $r$ at a time is given by $\frac{n!}{(n-r)!r!}$

The number of permutations of $n$ elements taken $r$ at a time is given by $\frac{n!}{(n-r)!}$

---

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Mathematics Reference Sheet
(Appendix C)

- Students **MUST** have the reference sheet during Math testing.

- **NO Mathematics Reference Sheet = Voided Math Section.**

- Overage used for instructional purpose **AFTER** testing.
CALCULATOR REQUIREMENT

- District **MUST** provide students with calculators.
- Student **MAY** use own calculator.
- Examiners **MUST** have **extra** calculators.
- **BEST** calculator for a student to use is the calculator which the student **uses** every day.
- **ALL** calculators must have **minimum** acceptable functions.
- **REMOVE** instructional manuals & function reference sheets **before** testing.
- Memories & programs **MUST** be cleared **before** & **after** testing.
MINIMUM ACCEPTABLE FUNCTIONS

- **Algebraic Logic** – automatically follows standard order of mathematical operations
- **Power and Square Root** – of any degree
- **Memory** - at least one memory cell
- **Clearing** mechanism
Writer’s Checklist

- **NEW** Checklist for **EACH** day, LAL 1 & LAL 2.
- Overage used for instructional purpose **AFTER** testing.

Persuasive Writing Task Folders

- Shrink-wrapping may **NOT** be opened until morning of testing.
- **Group 1-3** Regular Testing on Thursday, March 6 is **PURPLE**.
- **Group 4** Regular Testing on Thursday, March 6 is **GREEN**.

- **Group 1-3** Make-Up Testing on Thursday, March 13 is **BLUE**.
- **Group 4** Make-Up Testing on Thursday, March 13 is **Gray**.

- Overage used for instructional purpose **AFTER** testing.
NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT

Writer’s Checklist

Important Points to Remember as You Write and Critically Read to Revise/Edit Your Writing

CONTENT/ORGANIZATION

_____ 1. Focus on your purpose for writing and your audience.

_____ 2. Develop a clear topic or central idea.

_____ 3. Support your ideas with details, explanations, and examples.

_____ 4. Put your ideas in the order that best communicates what you are trying to say.

SENTENCE CONSTRUCTION

_____ 5. Use clear and varied sentences.

USAGE

_____ 6. Use words correctly.

_____ 7. Use varied and vivid vocabulary.

MECHANICS

_____ 8. Capitalize, spell, and punctuate correctly.

_____ 9. Write neatly.

NEW JERSEY STATE DEPARTMENT OF EDUCATION
Revising/Editing Guide

- **shows where to move text**
- **cross-out** shows what to get rid of or change
- **^** shows what to insert
- **A** shows what text to add and where to add it

you may want to use editing marks when you revise and edit, insert, change to move text, text, or eliminate text. Sometimes you may want to add a sentence or paragraph. A

Whatever changes you make, be sure to make your revisions and editing marks clear to your readers.

A

If you want to add new text, label the new text with a letter or number. Then write the label to show where you are adding it.

What to consider when you revise and edit:

CONTENT/ORGANIZATION
1. opening and closing
2. development of key ideas
3. logical progression of ideas
4. supporting details
5. transitions

SENTENCE CONSTRUCTION
6. correct sentence structure (syntax)
7. varied sentence structure

USAGE
8. correct verb tenses
9. subject/verb agreement
10. pronoun usage and agreement
11. word choice

MECHANICS
12. spelling
13. capitalization
14. punctuation
This package contains 10 Regular Persuasive Writing Task Folders for the Language Arts Literacy Day 2 – Part 4 section of the HSPA. Keep in a locked area and do not open before MARCH 6, 2008.

These Persuasive Writing Task Folders are to be used on March 6, 2008, only. See the Examiner Manual for further instructions regarding these secure materials.
High School Proficiency Assessment

MARCH 6, 2008

LANGUAGE ARTS LITERACY DAY 2 – PART 4

Regular Persuasive Writing Task Folder

Groups 1, 2, and 3 Only

LANGUAGE ARTS LITERACY DAY 2
DIRECTIONS – PART 4

In this part of the test, you will complete a persuasive writing task. This task gives you an opportunity to demonstrate how well you can organize and express your ideas in written text. You have received a Writer’s Checklist of important points to remember as you write. Educators who read your writing will consider these important points when they read and score your writing.

You will have 60 minutes to complete this writing task. Take a few minutes to think about the task and to plan what you want to say before you begin to write. You may use the prewriting/planning space on pages 3 and 4 in your Writing Task Folder to plan your text, but your prewriting will not be scored. Only your writing on pages 25–28 in your answer folder will be scored. Do your best to make your writing clear and well organized. Keep your audience and purpose in mind as you write and use your checklist.

You must use a No. 2 pencil. You may either print or write your final copy. You may not use a dictionary or any other reference materials during the test. However, you may use the Writer’s Checklist. If you finish before the time is called, review what you have written using the Writer’s Checklist to read critically and improve what you have written. Then, close your answer folder and wait quietly until you receive further instructions.

HSPA PERSUASIVE WRITING TASK FOLDER SECURITY STATEMENT
The HSPA Writing Task Folder and its contents are secure materials. Under no circumstances may any of the enclosed contents be copied, either manually or electronically. All Writing Task Folders must be returned to the district test coordinator.

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HSPA
LANGUAGE ARTS LITERACY
DAY 2 – PART 4
REGULAR PERSUASIVE WRITING
TASK FOLDERS

GROUP 4 ONLY

This package contains 10 Regular Persuasive Writing Task Folders for the Language Arts Literacy Day 2 – Part 4 section of the HSPA. Keep in a locked area and do not open before

MARCH 6, 2008.

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High School Proficiency Assessment

MARCH 6, 2008

STUDENT NAME ____________________________

LANGUAGE ARTS LITERACY DAY 2 – PART 4

Regular Persuasive Writing Task Folder

Group 4 Only

LANGUAGE ARTS LITERACY DAY 2
DIRECTIONS – PART 4

In this part of the test, you will complete a persuasive writing task. This task gives you an opportunity to demonstrate how well you can organize and express your ideas in written text. You have received a Writer's Checklist of important points to remember as you write. Educators who read your writing will consider these important points when they read and score your writing.

You will have 30 minutes to complete this writing task. Take a few minutes to think about the task and to plan what you want to say before you begin to write. You may use the prewriting/planning space on pages 3 and 4 in your Writing Task Folder to plan your text, but your prewriting will not be scored. Only your writing on pages 27-30 in your answer folder will be scored. Do your best to make your writing clear and well organized. Keep your audience in mind as you write and use your checklist.

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HSPA

LANGUAGE ARTS LITERACY
DAY 2 – PART 4

MAKE-UP PERSUASIVE WRITING TASK FOLDERS

GROUPS 1, 2, and 3 ONLY

This package contains 10 Make-up Persuasive Writing Task Folders for the Language Arts Literacy Day 2 – Part 4 section of the HSPA. Keep in a locked area and do not open before MARCH 13, 2008.

These Persuasive Writing Task Folders are to be used on March 13, 2008, only. See the Examiner Manual for further instructions regarding these secure materials.

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High School Proficiency Assessment

MARCH 13, 2008

LANGUAGE ARTS LITERACY DAY 2 – PART 4

Make-up Persuasive Writing Task Folder

Groups 1, 2, and 3 Only

LANGUAGE ARTS LITERACY DAY 2
DIRECTIONS – PART 4

In this part of the test, you will complete a persuasive writing task. This task gives you an opportunity to demonstrate how well you can organize and express your ideas in written text. You have received a Writer’s Checklist of important points to remember as you write. Educators who read your writing will consider these important points when they read and score your writing.

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HSPA
LANGUAGE ARTS LITERACY
DAY 2 – PART 4
MAKE-UP PERSUASIVE WRITING
TASK FOLDERS

GROUP 4 ONLY

This package contains 10 Make-up Persuasive Writing Task Folders for the Language Arts Literacy Day 2 – Part 4 section of the HSPA. Keep in a locked area and do not open before MARCH 13, 2008.

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SECURE MATERIAL
High School Proficiency Assessment

MARCH 13, 2008

STUDENT NAME ________________________

LANGUAGE ARTS LITERACY DAY 2 – PART 4

Make-up Persuasive Writing Task Folder

Group 4 Only

LANGUAGE ARTS LITERACY DAY 2
DIRECTIONS – PART 4

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SECURITY BREACHES may have financial consequences for the district, professional consequences for staff, and disciplinary consequences for students. The End of Course Biology test booklet and its contents are secure materials. Under no circumstances may any of the enclosed contents be conveyed orally or copied, either manually or electronically. All test booklets must be returned to the test contractor.

New Jersey
May 2008

BIOLOGY TEST
FORM A
## Periodic Table of the Elements

**Periods:**
1. Hydrogen (H)
2. Helium (He)
3. Lithium (Li)
4. Beryllium (Be)
5. Boron (B)
6. Carbon (C)
7. Nitrogen (N)
8. Oxygen (O)
9. Fluorine (F)
10. Neon (Ne)
11. Sodium (Na)
12. Magnesium (Mg)
13. Aluminum (Al)
14. Silicon (Si)
15. Phosphorus (P)
16. Sulfur (S)
17. Chlorine (Cl)
18. Argon (Ar)
19. Potassium (K)
20. Calcium (Ca)
21. Scandium (Sc)
22. Titanium (Ti)
23. Vanadium (V)
24. Chromium (Cr)
25. Manganese (Mn)
26. Iron (Fe)
27. Cobalt (Co)
28. Nickel (Ni)
29. Copper (Cu)
30. Zinc (Zn)
31. Gallium (Ga)
32. Germanium (Ge)
33. Arsenic (As)
34. Selenium (Se)
35. Bromine (Br)
36. Krypton (Kr)
37. Rubidium (Rb)
38. Strontium (Sr)
39. Yttrium (Y)
40. Zirconium (Zr)
41. Niobium (Nb)
42. Molybdenum (Mo)
43. Technetium (Tc)
44. Rhenium (Re)
45. Osmium (Os)
46. Iridium (Ir)
47. Platinum (Pt)
48. Gold (Au)
49. Mercury (Hg)
50. Thallium (Tl)
51. Lead (Pb)
52. Bismuth (Bi)
53. Polonium (Po)
54. Astatine (At)
55. Radium (Ra)
56. Actinium (Ac)
57. Thorium (Th)
58. Protactinium (Pa)
59. Uranium (U)
60. Neptunium (Np)
61. Plutonium (Pu)
62. Americium (Am)
63. Curium (Cm)
64. Berkelium (Bk)
65. Cernium (Cf)
66. Flerovium (Fl)
67. Livermorium (Lv)
68. Tennessine (Ts)
69. Oganesson (Og)
70. Moscovium (Mc)
71. Lutetium (Lr)

**Groups:**
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3. Lithium (Li)
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5. Boron (B)
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64. Berkelium (Bk)
65. Cernium (Cf)
66. Flerovium (Fl)
67. Livermorium (Lv)
68. Moscovium (Mc)
69. Lutetium (Lr)

**Lanthanide series:**
58. Cerium (Ce)
59. Praseodymium (Pr)
60. Neodymium (Nd)
61. Promethium (Pm)
62. Samarium (Sm)
63. Europium (Eu)
64. Gadolinium (Gd)
65. Terbium (Tb)
66. Dysprosium (Dy)
67. Holmium (Ho)
68. Erbium (Er)
69. Thulium (Tm)
70. Ytterbium (Yb)

**Actinide series:**
80. Thorium (Th)
81. Protactinium (Pa)
82. Uranium (U)
83. Neptunium (Np)
84. Plutonium (Pu)
85. Americium (Am)
86. Curium (Cm)
87. Berkelium (Bk)
88. Cernium (Cf)
89. Flerovium (Fl)
90. Livermorium (Lv)
TEST SECURITY

- Security is the district’s responsibility.
- Absolutely NO copying of test booklet or other secure materials.
- Security breaches may have:
  - Financial consequences for the district
  - Professional consequences for staff
  - Disciplinary consequences for students
- Inform ALL district & school personnel of HSPA security procedures prior to test administration.
SECURITY PLAN

- Turnkey Training
- Storage of Secure Materials
- Delivery Problems
- Missing Test Booklets
- Chain of Command
- Sick Student
- Disruptive Student
- Fire / Emergency Procedures
- Inclement Weather
TRAINING STAFF

- **Turnkey Training** Required for **ALL** Staff Involved in Test Administration

- **Special Testing**: One-On-One Testing, Scribes, Small Group Testing, etc.

- **Responsibilities** of School Coordinator, Examiners and Proctors

- **ONLY** Examiners May Handle Secure Test Materials

- Proctors handle **Non-Secure** Materials **ONLY**

- Examiners and Proctors **MUST** be **ALERT** at **ALL** times
TESTING SITES

- **NO** Coats, Backpacks or Books
- **NO** Instructional Displays
- **NO** Buzzers, Bells or Non-Emergency Announcements or Interruptions
- **NO** Cell Phones, MP3 Players or Any Unauthorized Electronics
- **NO** Food or Beverages *(except for diabetics if permitted by IEP)*
TESTING SITES

- **Students** Well Spaced With Ample Surface Area
- **Assigned** Seating
- **Good** Lighting & Ventilation
- **Clock & Chart** to Display Time Remaining
- **NEVER** leave students unattended
- **Monitors** to Keep Hallways Quiet & Testing Rooms Undisturbed
TESTING SITE NO NO’S
HSPA SECURITY FORMS & PACKING LISTS

- Authorization Form & Delivery Ticket
- District Overage Packing List
- School Packing List
- District Receipt Form
- School Security Checklist – District Overage
- School Security Checklist
- Makeup Security Checklist
- District Return Form & Pick-up Ticket
BIOLOGY SECURITY FORMS & PACKING LISTS

- Authorization Form & Delivery Ticket
- District Overage Packing List
- School Packing List
- District Receipt Form
- School Security Checklist – District Overage
- School Security Checklist
- Makeup Security Checklist
- District Return Form & Pick-up Ticket
LISTED BELOW IS A DESCRIPTION OF THE PROCEDURES THAT MUST BE USED WHEN THE SHIPMENT OF HSPTS MATERIALS IS DELIVERED TO YOUR DISTRICT FEBRUARY 1 - 21, 2006.

1. THIS AUTHORIZATION FORM MUST BE ShOWN TO THE AGENT OF THE CARRIER THAT WILL DELIVER YOUR SHIPMENT OF HSPTS MATERIALS. THE CARRIER'S AGENT HAS BEEN INSTRUCTED TO RELEASE THE SHIPMENT ONLY TO A PERSON WHO PRESENTS THIS AUTHORIZATION FORM SIGNED BY YOU. IF YOU DESIGNATE SOMEONE TO ACT AS YOUR AGENT TO RECEIVE THE SHIPMENT, THIS FORM MUST SPECIFY THAT PERSON BY NAME IN THE SPACE ABOVE YOUR SIGNATURE.

THIS AUTHORIZATION FORM MUST BE PRODUCED WITHIN 15 MINUTES OF THE AGENT'S ARRIVAL. IF THE FORM CANNOT BE PRODUCED WITHIN THE 15-MINUTE WAITING PERIOD, THE AGENT WILL LEAVE THE BUILDING AND RETURN WHEN ALL OTHER DELIVERIES HAVE BEEN MADE ON THE DELIVERY ROUTE.

2. WHEN THE SHIPMENT IS DELIVERED, COUNT THE NUMBER OF BOXES AND MAKE SURE THE CORRECT NUMBER OF BOXES IS SHOWN ON THE COURIER’S DELIVERY TICKET. YOU OR YOUR DESIGNEE MUST SIGN THE DELIVERY TICKET TO ACKNOWLEDGE RECEIPT. THE COURIER WILL GIVE YOU A COPY OF THE DELIVERY TICKET.

3. KEEP THIS AUTHORIZATION FORM FOR REFERENCE.

4. MOVE THE TEST MATERIALS TO A SECURE AREA IMMEDIATELY.

5. AS SOON AS POSSIBLE, OPEN THE BOX MARKED “DISTRICT OVERAGE.” THE ENCLOSED DISTRICT RECEIPT FORM LISTS THE TYPE AND QUANTITY OF MATERIALS FOR EACH SCHOOL AND THE DISTRICT OVERAGE IN YOUR SHIPMENT. USE THE DISTRICT RECEIPT FORM TO VERIFY THAT ALL SECURE MATERIALS ARE INCLUDED IN THE SHIPMENT FOR EACH SCHOOL AND FOR THE DISTRICT OVERAGE.

6. SHORTAGES AND/OR MISSING ITEMS SHOULD BE REPORTED IMMEDIATELY TO ROBERT SANDOVAL AT MEASUREMENT INCORPORATED BY FAXING A “HSPTS ADDITIONAL MATERIALS REQUEST FORM” TO (010) 093-1039.
### Confirmation of Receipt

<table>
<thead>
<tr>
<th>Estimated Weight</th>
<th>Quantity Shipped</th>
<th>Quantity Received</th>
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<td>12 lb(s).</td>
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<td>2</td>
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</table>

**District Chief School Administrator, District Test Coordinator or Other Authorized Signature:**

**Driver's Initials:**

Mary Connors

EVO

---

**Instructions for Driver:** Upon delivery, verify that the number of boxes shown is correct and initial above. Return white copy to Measurement Inc. Keep yellow copy and give pink copy to district.

---

**White - Measurement Inc., Shipping Dept.; Yellow - Courier; Pink - District**
DISTRICT AUTHORIZATION TO RECEIVE SECURE TEST MATERIALS FORM
MAY 2008 NEW JERSEY END OF COURSE BIOLOGY TEST

93-7777
DR. CHIEF SCHOOL ADMINISTRATOR
CHIEF SCHOOL ADMINISTRATOR
ADMINISTRATION BUILDING
100 MAIN ST
GOOD TOWN, NJ 08688

RECEIPT DATES: MAY 2008
DR. CHIEF SCHOOL ADMINISTRATOR OR
IS AUTHORIZED TO RECEIVE THE MAY 2008 EOOC BIOLOGY MATERIALS.

CHIEF SCHOOL ADMINISTRATOR'S SIGNATURE

LISTED BELOW IS A DESCRIPTION OF THE PROCEDURES THAT MUST BE USED WHEN THE SHIPMENT OF
EOC BIOLOGY MATERIALS IS DELIVERED TO YOUR DISTRICT MAY 2008.

1. THIS AUTHORIZATION FORM MUST BE SHOWN TO THE AGENT OF THE CARRIER THAT WILL DELIVER
YOUR SHIPMENT OF EOC BIOLOGY MATERIALS. THE CARRIER'S AGENT HAS BEEN INSTRUCTED TO
RELEASE THE SHIPMENT ONLY TO A PERSON WHO PRESENTS THIS AUTHORIZATION FORM SIGNED BY
YOU. IF YOU DESIGNATE SOMEONE TO ACT AS YOUR AGENT TO RECEIVE THE SHIPMENT, THIS FORM
MUST SPECIFY THAT PERSON BY NAME IN THE SPACE ABOVE YOUR SIGNATURE.

THIS AUTHORIZATION FORM MUST BE PRODUCED WITHIN 15 MINUTES OF THE AGENT'S ARRIVAL. IF
THE FORM CANNOT BE PRODUCED WITHIN THE 15-MINUTE WAITING PERIOD, THE AGENT WILL LEAVE
THE BUILDING AND RETURN WHEN ALL OTHER DELIVERIES HAVE BEEN MADE ON THE DELIVERY ROUTE.

2. WHEN THE SHIPMENT IS DELIVERED, COUNT THE NUMBER OF BOXES AND MAKE SURE THE
CORRECT NUMBER OF BOXES IS SHOWN ON THE COURIER'S DELIVERY TICKET. YOU OR YOUR
DESIGNEE MUST SIGN THE DELIVERY TICKET TO ACKNOWLEDGE RECEIPT. THE COURIER WILL GIVE
YOU A COPY OF THE DELIVERY TICKET.

3. KEEP THIS AUTHORIZATION FORM FOR REFERENCE.

4. MOVE THE TEST MATERIALS TO A SECURE AREA IMMEDIATELY.

5. AS SOON AS POSSIBLE, OPEN THE BOX MARKED "DISTRICT OVERAGE." THE ENCLOSED DISTRICT
RECEIPT FORM LISTS THE TYPE AND QUANTITY OF MATERIALS FOR EACH SCHOOL AND THE DISTRICT
OVERAGE IN YOUR SHIPMENT. USE THE DISTRICT RECEIPT FORM TO VERIFY THAT ALL SECURE
MATERIALS ARE INCLUDED IN THE SHIPMENT FOR EACH SCHOOL AND FOR THE DISTRICT OVERAGE.

6. SHORTAGES AND/OR MISSING ITEMS SHOULD BE REPORTED IMMEDIATELY TO ROBERT SANDOVAL
AT MEASUREMENT INCORPORATED BY FAXING AN "EOC BIOLOGY ADDITIONAL MATERIALS REQUEST
FORM" TO (919) 693-1531.
DELIVERY TICKET
NEW JERSEY END OF COURSE BIOLOGY TEST
MAY 2008

DISTRICT NAME: GOOD TOWN
CLASS CODE: 99-7777

DR. CHIEF SCHOOL ADMINISTRATOR
ADMINISTRATION BUILDING
100 MAIN STREET
GOOD TOWN, N.J. 08888
(000) 777-8888 x 7777

confirmation of receipt

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<tr>
<td>NJPAA</td>
<td>13 lb(s).</td>
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district chief school
Administrator, District
Test Coordinator or Other
Authorized Signature: __________________________ Date: ______

Driver's Initials: __________________________

Instructions for Driver: Upon delivery, verify that the number of boxes shown is correct and initial above. Return white copy to Measurement Inc. Keep yellow copy and give pink copy to district.

<<< WHITE - Measurement Inc., Shipping Dept.; YELLOW - Courier; PINK - District>>>
LAWRENCE TOWNSHIP
DISTRICT OVERAGE

CDS 21-2580

OPEN ME FIRST
<table>
<thead>
<tr>
<th>Package</th>
<th>Test Booklets</th>
<th>Answer Folders</th>
<th>Ancillary Materials</th>
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</thead>
<tbody>
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<td>1</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Page 1 of 1

DISTRICT RECEIPT FORM
NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT
MARCH 2008

COUNTY: WOOD
DISTRICT: GOOD TOWN
CHIEF SCHOOL ADMINISTRATOR: DR. CHIEF SCHOOL ADMINISTRATOR

CDS CODE: 88-7777

TEST BOOKLETS

<table>
<thead>
<tr>
<th>SECURITY RANGE</th>
<th>NUMBER SENT</th>
<th>NUMBER RECEIVED</th>
<th>MISSING TEST MATERIALS</th>
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<tbody>
<tr>
<td>DISTRICT AVERAGE</td>
<td>10</td>
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<tr>
<td>HSFA MATH &amp; LAL TEST BOOKLETS</td>
<td>1000001 - 1000010</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>HSFA MATH &amp; LAL TEST BOOKLETS</td>
<td>1000011 - 1000020</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

CHIEF SCHOOL ADMINISTRATOR

JANE WRIGHT

SIGNATURE: ___________________________________ DATE: 2-10-08

DIRECTIONS
Complete this form IMMEDIATELY after the test booklets are received from Measurement Inc. (MI). Return the top copy to MI in the envelope provided. Retain the bottom copy for your records. Contact the OFFICE of State Assessments IMMEDIATELY at (609) 292-6739 if you are missing ANY test booklets or have received more test booklets than intended.

THE DISTRICT TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.

CERTIFICATION STATEMENT

BY MY SIGNATURE, I CERTIFY THAT:

THE RECEIPT OF ALL TEST BOOKLETS FROM MEASUREMENT INC. HAS BEEN VERIFIED BY:

1. COUNTING THE TEST BOOKLETS;
2. VERIFYING THE RANGE OF TEST BOOKLET SECURITY NUMBERS; AND
3. VERIFYING THE TEST BOOKLET COUNT AND RANGE OF SECURITY NUMBERS ARE CONSISTENT WITH THE INFORMATION PROVIDED ON THIS FORM.

MARY CONNORS

SIGNATURE OF CERTIFYING INDIVIDUAL

PRINTED NAME

TITLE

(AREA CODE) PHONE NUMBER X EXT

MARY CONNORS

2-20-08

609-333-4444 X 89

DTC
### DISTRICT RECEIPT FORM

**NEW JERSEY END OF COURSE BIOLOGY TEST**

**MAY 2008**

**COUNTY:** Wood  
**DISTRICT:** Good Town  
**CHIEF SCHOOL ADMINISTRATOR:** Dr. Chief School Administrator

**TEST BOOKLETS**

<table>
<thead>
<tr>
<th>SECURITY RANGE</th>
<th>NUMBER SENT</th>
<th>NUMBER RECEIVED</th>
<th>MISSING TEST MATERIALS</th>
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<tbody>
<tr>
<td>ROC BIOLOGY TEST BOOKLETS</td>
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<tr>
<td>FORM A: 15100001 - 15100010</td>
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<tr>
<td>ROC BIOLOGY TEST BOOKLETS</td>
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<td></td>
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<tr>
<td>FORM A: 15100011 - 15100020</td>
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</tbody>
</table>

**CHIEF SCHOOL ADMINISTRATOR**

**SIGNATURE:** ___________________________  **DATE:** __________

**DIRECTIONS**

Complete this form IMMEDIATELY after the test booklets are received from Measurement Inc. (MI). Return the top copy to MI in the envelope provided. Retain the bottom copy for your records. Contact the OFFICE OF STATE ASSESSMENTS IMMEDIATELY at (609) 292-6739 if you are missing ANY test booklets or have received more test booklets than intended.

**THE DISTRICT TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.**

**CERTIFICATION STATEMENT**

BY MY SIGNATURE, I CERTIFY THAT:

THE RECEIPT OF ALL TEST BOOKLETS FROM MEASUREMENT INC. HAS BEEN VERIFIED BY:

1. COUNTING THE TEST BOOKLETS;
2. VERIFYING THE RANGE OF TEST BOOKLET SECURITY NUMBERS; AND
3. VERIFYING THE TEST BOOKLET COUNT AND RANGE OF SECURITY NUMBERS ARE CONSISTENT WITH THE INFORMATION PROVIDED ON THIS FORM.

**SIGNATURE OF CERTIFYING INDIVIDUAL** ___________________________  **DATE:** __________

**PRINTED NAME** ___________________________  **[AREA CODE]: PHONE NUMBER x EXT**
# DISTRICT OVERAGE PACKING LIST

NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT
MARCH 2008

DISTRICT NAME: GOOD TOWN

CDS CODE: 887777

DR. CHIEF SCHOOL ADMINISTRATOR
ADMINISTRATION BUILDING
100 MAIN STREET
GOOD TOWN, NJ 06888
(888) 777-6666

Date: October 04, 2007

<table>
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<tr>
<th>FOR USE ONLY</th>
<th>PRODUCT</th>
<th>QUANTITY</th>
<th>RECEIVED</th>
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<tbody>
<tr>
<td>District Receipt Form</td>
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<tr>
<td>District Overage Security Checklists</td>
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</tr>
<tr>
<td>District Return Form</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Math &amp; LAL Test Booklets - Form A</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Answer Folders</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Mathematics Reference Sheets (Ivory)</td>
<td>10</td>
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<tr>
<td>Regular Persuasive Writing Task Folders - Groups 1, 2 and 3 (Purple)</td>
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<tr>
<td>Make-Up Persuasive Writing Task Folders - Groups 1, 2 and 3 (Blue)</td>
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<td>10</td>
<td></td>
</tr>
<tr>
<td>Writer's Checklist/Revising Editing Guides (Yellow)</td>
<td>10</td>
<td>10</td>
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<tr>
<td>Examiner Manuals (Blue)</td>
<td>2</td>
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<tr>
<td>District/School Test Coordinator Manuals (Fluorescent Green)</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Grade 11 Header Sheets (Purple)</td>
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<tr>
<td>Grade 11 Header Sheets (Pink)</td>
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</tr>
<tr>
<td>Grade 12 Header Sheets (Blue)</td>
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<tr>
<td>Grade 12 Header Sheets (Gray)</td>
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</tr>
<tr>
<td>Returning Student Header Sheets (Red)</td>
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<tr>
<td>Customer Satisfaction Survey</td>
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<td>1</td>
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<tr>
<td>Return-addressed postage paid envelope for return of District Receipt Form</td>
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<tr>
<td>Large Envelope for Return of Braille, Large-Print, and Special Accommodations/504 Answer Folders (Yellow)</td>
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<tr>
<td>Large Envelope for Return of Category 1 Irregularity Reports (Wink)</td>
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<tr>
<td>FEDEX Airbills for Overnight Return of Used Regular Answer Folders</td>
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<tr>
<td>FEDEX Packages for Return of Used Make-Up Answer Folders As Required</td>
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<tr>
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<tr>
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District: Good Town
CDS Code: 88-7777

Product: Math & LAL Test Booklets - Form A
Shrink Pack ID#  First Security #  Last Security #  Pack Size
960140000001          10100001          10100001          10

Order(s) included in this shipment:
Order number 1 must be shipped by 2/6/2008 5:00:00PM and arrive by 2/15/2008 5:00:00PM
Date: ___________________
MI-WH: ___________________

FOR RECIPIENT
Use Only
Received by: ___________________  Date: ___________________

<<Please complete this form and RETAIN YELLOW copy for your records and MAIL or FAX the
WHITE copy to NJ HSPA at Measurement Inc.>>

Measurement Inc. 423 Morris St. Durham, NC 27701
HSPA Helpline Phone: 1-800-572-1049  MI Fax: (919) 683-1531

If you have damaged items in your shipment, or if items are missing,
please contact the HSPA Helpline for replacements.
### SCHOOL PACKING LIST

**NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT**

**MARCH 2008**

**SCHOOL NAME:** PROFICIENCY HIGH  
**CDS CODE:** 08-7777-666  
**DR. CHIEF SCHOOL ADMINISTRATOR**  
**ADMINISTRATION BUILDING**  
**100 MAIN STREET**  
**GOOD TOWN, NJ 08888**  
**(608) 777-6666**

**Date:** October 04, 2007

---

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<th>PRODUCT</th>
<th>QUANTITY</th>
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<td>Answer Folders</td>
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<tr>
<td>HSFA ID Labels (White)</td>
<td>1 Set</td>
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<tr>
<td>HSFA Pre-ID Labels (White with Yellow Bar)</td>
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<tr>
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<td>Regular Persuasive Writing Task Folders - Groups 1, 2 and 3 (Purple)</td>
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<td>Writer’s Checklist/Revising Editing Guides (Yellow)</td>
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<td>Examiner Manuals (Blue)</td>
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<tr>
<td>District/School Test Coordinator Manuals (Fluorescent Green)</td>
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<td>Large Envelope for Return of Braille, Large-Print, and Special Accommodations/§04 Answer Folders (Yellow)</td>
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<td>Large Envelope for Return of Category 1 Irregularity Reports (Pink)</td>
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Page 2 of 2
NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT
MARCH 2008

SCHOOL NAME: PROFICIENCY HIGH

code: 80-9777-666
Date: October 04, 2007

FOR ME
USE ONLY

Product: Math & LAL Test Booklets – Form A
Shrink Pack ID#: 97014000002
First Security #: 10100611
Last Security #: 10100020
Pack Size: 10

Order[s] included in this shipment:
Order number 2 must be shipped by 2/6/2008 5:00:00PM and
arrive by 2/15/2008 9:00:00PM

MI-WH: ______________

FOR RECIPIENT
USE ONLY

Stacy Shack

Received by: ______________ Date: 2-14-08

<<Please complete this form and RETAIN YELLOW copy for your records and MAIL or FAX the
WHITE copy to NJ HSFA at Measurement Inc.>>

MEASUREMENT INC. 423 MORRIS ST, DURHAM, NC 27701
HSFA HELPLINE PHONE: 1-800-572-1049  MI FAX: (919) 683-1531

If you have damaged items in your shipment, or if items are missing,
please contact the HSFA Helpline for replacements.
DISTRICT OVERAGE PACKING LIST  
NEW JERSEY END OF COURSE BIOLOGY TEST  
MAY 2006  

DISTRICT NAME: GOOD TOWN  

CDS CODE: 88-7777  
DR. CHIEF SCHOOL ADMINISTRATOR  
ADMINISTRATION BUILDING  
100 MAIN STREET  
GOOD TOWN, NJ 08080  
(888) 777-6666  

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>QUANTITY</th>
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<tbody>
<tr>
<td>District Receipt Form</td>
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<tr>
<td>District Overage Security Checklists</td>
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<tr>
<td>District Return Form</td>
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<tr>
<td>EOC Biology Test Booklets - Form A</td>
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<td>EOC Biology Answer Folders (Orange)</td>
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<tr>
<td>EOC Biology Examiner Manual (Orange)</td>
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<td>EOC Biology TDC Manual (Fluorescent Green)</td>
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<td>EOC Biology Header Sheets (Orange)</td>
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<tr>
<td>Customer Satisfaction Survey</td>
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<td>Return-addressed Postage Paid Envelope for Return of District Receipt Form</td>
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<tr>
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<td>Large Envelope for Return of Category 2-4 Irregularity Reports (Purple)</td>
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<td><strong>FEDEX Packages for Return of Used Regular Answer Folders</strong></td>
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<td><strong>FEDEX Airbills for Overnight Return of Used Regular Answer Folders</strong></td>
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Page 1 of 2

SCHOOL PACKING LIST
NEW JERSEY END OF COURSE BIOLOGY TEST
MAY 2006

SCHOOL NAME: PROFICIENCY HIGH
CDS CODE: 68-7777-666
DR. CHIEF SCHOOL ADMINISTRATOR
ADMINISTRATION BUILDING
100 MAIN STREET
GOOD TOWN, NJ 08888
(688) 777-666

FOR ME USE ONLY

<table>
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<th>PRODUCT</th>
<th>QUANTITY</th>
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<td>EOC Biology Answer Folders (Orange)</td>
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<td>EOC Biology Examiner Manual (Orange)</td>
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<td>EOC Biology DTC Manual (Fluorescent Green)</td>
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<tr>
<td>Large Envelope for Return of Category 2-4 Irregularity Reports (Purple)</td>
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FOR ME USE ONLY

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<td>Shrink Pack ID:</td>
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<tr>
<td>988140000004</td>
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<td>Pack Size</td>
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<tr>
<td>5</td>
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<tr>
<td>5</td>
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Order(s) included in this shipment:
Order number 6 must be shipped by 4/26/2006 5:00:00PM and arrive by 5/2/2006 5:00:00PM

Date: ___________________________
MI-WH: __________________________

10
5
**APPENDIX J**

**HSPA**
**ADDITIONAL MATERIALS REQUEST FORM**
**MARCH 2008 HIGH SCHOOL PROFICIENCY ASSESSMENT**

To order additional materials, FAX this completed form to Measurement Incorporated at (919) 688–1531 no later than February 18, 2008.

**TO:** Measurement Incorporated  
**ATTENTION:** Robert Sandoval

**FROM:** District Name: Good Town  
County/District Code: 22-4444-333

**District Coordinator:** Mary Connors  
District Fax Number: 609-123-4567  
Telephone: 609-123-9876  
E-Mail: mconnors@goodtown.edu

<table>
<thead>
<tr>
<th>ITEM NAME</th>
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<tr>
<td>TEST BOOKLETS GROUP FORM</td>
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<td>ANSWER FOLDERS GROUP FORM</td>
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<tr>
<td>MATH REFERENCE SHEETS</td>
<td>REGULAR MAKE-UP</td>
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<tr>
<td>PERSUASIVE WRITING TASK FOLDERS</td>
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<td>WRITER’S CHECKLIST/REVISING-EDITING GUIDES</td>
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<tr>
<td>EXAMINER MANUAL</td>
<td>20</td>
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<tr>
<td>COORDINATOR MANUAL</td>
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<tr>
<td>ELEVENTH-GRADE HEADER SHEET (March Only)</td>
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<td>RETAINED ELEVENTH-GRADE HEADER SHEET</td>
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<td>TWELFTH-GRADE HEADER SHEET</td>
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<td>RETURNING STUDENT HEADER SHEET</td>
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<tr>
<td>ADULT HIGH SCHOOL HEADER SHEET</td>
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<td>OTHER</td>
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</table>

**REASON NEEDED**

Special education small group testing
MEASUREMENT INCORPORATED
HSPA CUSTOMER SATISFACTION SHIPPING SURVEY

County/District/School Code: __________/_______/____  District: ________________
Name & Title: __________________________________________  Date: ________________

Part I: Please rate the following statements as applicable according to your experience in receiving and processing the test material shipment. Please return the completed survey form to Measurement Incorporated with your test booklet shipment.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>1 Boxes arrived within time limits of delivery schedule.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2 Boxes arrived in good condition with little or no damage.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3 Boxes were clearly marked with correct addressee information.</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>4 Shipments contained packing list indicating types and quantities of test materials shipped.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>5 Types and quantities of test materials actually received were consistent with packing list.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>6 Appropriate test materials were shrink-wrapped in correct quantities per bundle.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>7 Shrink-wrapped bundles of materials arrived in good condition.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>8 Shipment contained overnight carrier documents for return of used answer folders.</td>
<td>○</td>
<td>○</td>
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<tr>
<td>9 Shipment contained carrier documents for return of test booklets.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>10 Requests for additional test materials were handled promptly and correctly by Measurement Incorporated.</td>
<td>○</td>
<td>○</td>
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Part II: Please use the space below to provide additional comments or recommendations:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
<table>
<thead>
<tr>
<th>SECURITY NUMBER</th>
<th>RECEIVING EXAMINER'S NAME</th>
<th>DATE AND TIME ISSUED</th>
<th>SCHOOL TEST COORDINATOR'S SIGNATURE</th>
<th>DATE AND TIME RETURNED</th>
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<tr>
<td>10100001</td>
<td>Veronica Orsi</td>
<td>3-4-08 7:55</td>
<td>Stacy Shack</td>
<td>3-4-08 10:20</td>
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<tr>
<td>10100010</td>
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</table>

**DIRECTIONS**

School test coordinator signs top line when overage is first issued by the district test coordinator. Each examiner signs this form when test booklets are issued. School test coordinator signs when test booklets are returned immediately after testing is completed. Return the top copy to Measurement Inc. with the test booklets. Retain the bottom copies for your files.

**THE DISTRICT TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.**

**CERTIFICATION STATEMENT**

BY MY SIGNATURE, I CERTIFY THAT:
* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE); AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

**STACY SHACK**

**3-4-08**

**609-1123-4567 x 89**
SCHOOL SECURITY CHECKLIST
DISTRICT OVERSEE
NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT
MARCH 2006

COUNTY: WOOD
DISTRICT: GOOD TOWN
SCHOOL: SCHOOL CODE:

MATH & L & L TEST BOOKLETS - FORM A:10100001 - 10100010

SCHOOL TEST COORDINATOR’S SIGNATURE - DATE RECEIVED
LANGUAGE ARTS LITERACY - DAY 1

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<th>SCHOOL TEST COORDINATOR’S SIGNATURE</th>
<th>DATE AND TIME RETURNED</th>
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DIRECTIONS
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THE DISTRICT TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.

CERTIFICATION STATEMENT

BY MY SIGNATURE, I CERTIFY THAT:
* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE); AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

____________________________  _________________________
SIGNATURE OF CERTIFYING INDIVIDUAL          DATE

____________________________  _________________________
PRINTED NAME            (AREA CODE) PHONE NUMBER X EXT

____________________________
TITLE
SCHOOL SECURITY CHECKLIST
DISTRICT OVERAGE
NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT
MARCH 2006

COUNTY: WOOD   CDS CODE: 08-7777
DISTRICT: GOOD TOWN
SCHOOL:         SCHOOL CODE:          

MATH & LAL TEST BOOKLETS - FORM A: 10100001 - 10100010

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<th>RECEIVING EXAMINER'S SIGNATURE</th>
<th>DATE AND TIME ISSUED</th>
<th>SCHOOL TEST COORDINATOR'S SIGNATURE</th>
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DIRECTIONS
School test coordinator signs top line when overage is first issued by the district test coordinator. Each examiner signs this form when test booklets are issued. School test coordinator signs when test booklets are returned immediately after testing is completed. Return the top copy to Measurement Inc. with the test booklets. Retain the bottom copies for your files.

THE DISTRICT TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.

CERTIFICATION STATEMENT

BY MY SIGNATURE, I CERTIFY THAT:

* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE); AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

__________________________________________
SIGNATURE OF CERTIFYING INDIVIDUAL

____________________
PRINTED NAME

__________
DATE

____________________
(AREA CODE) PHONE NUMBER x EXT

____________________
TITLE
SCHOOL SECURITY CHECKLIST
DISTRICT OVERAGE
NEW JERSEY END OF CURRICULUM BIOLOGY TEST
MAY 2006

COUNTY: WOOD
DISTRICT: GOOD TOWN
SCHOOL: ____________________________ SCHOOL CODE: __________

EOC BIOLOGY TEST BOOKLETS - FORM A: 15100001 - 15100005

__________________________ ____________________________
SCHOOL TEST COORDINATOR'S SIGNATURE - DATE RECEIVED

EOC BIOLOGY

<table>
<thead>
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<th>RECEIVING EXAMINER'S SIGNATURE</th>
<th>DATE AND TIME ISSUED</th>
<th>SCHOOL TEST COORDINATOR'S SIGNATURE</th>
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DIRECTIONS
School test coordinator signs top line when average is first issued by the district test coordinator. Each examiner signs this form when test booklets are issued. School test coordinator signs when test booklets are returned immediately after testing is completed. Return the top copy to Measurement Inc. with the test booklets. Retain the bottom copies for your files.

THE DISTRICT TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.

CERTIFICATION STATEMENT

BY MY SIGNATURE, I CERTIFY THAT:
* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE); AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

_________________________________________  ____________________________
SIGNATURE OF CERTIFYING INDIVIDUAL               DATE

_________________________________________
PRINTED NAME

__________________________
(AREA CODE) PHONE NUMBER & EXT

__________________________
TITLE
**SCHOOL SECURITY CHECKLIST**

**NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT**

**MARCH 2008**

**COUNTY:** WOOD  
**DISTRICT:** GOOD TOWN  
**SCHOOL:** PROFICIENCY HIGH

**MATHEMATICS**

**MATH & IAL TEST BOOKLETS - FORM A**

<table>
<thead>
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<th>SECURITY NUMBR</th>
<th>RECEIVING EXAMINER'S SIGNATURE</th>
<th>DATE AND TIME ISSUED</th>
<th>SCHOOL TEST COORDINATOR'S SIGNATURE</th>
<th>DATE AND TIME RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10100011</td>
<td>Brenda Blaze</td>
<td>3-4-08  7:30</td>
<td>Stacy Shack</td>
<td>3-4-08  11:00</td>
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<tr>
<td>10100012</td>
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<td>3-4-08  7:30</td>
<td>Stacy Shack</td>
<td>3-4-08  11:00</td>
</tr>
</tbody>
</table>

**DIRECTIONS**

Each examiner signs this form when test booklets are issued. School test coordinator signs when test booklets are returned immediately after testing is completed. Return the top copy to Measurement Inc. with the test booklets. Retain the bottom copies for your files.

**THE SCHOOL TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.**

**CERTIFICATION STATEMENT**

BY MY SIGNATURE, I CERTIFY THAT:

* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE); AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

---

**Stacy Shack**

**STC**

**609-123-4567 x 89**
### SCHOOL SECURITY CHECKLIST
### NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT
### MARCH 2008

**COUNTY:** WOOD  
**DISTRICT:** GOOD TOWN  
**SCHOOL:** PROFICIENCY HIGH  
**CDS CODE:** 88-7777-666

### LANGUAGE ARTS LITERACY - DAY 1
### MATH & LAL TEST BOOKLETS - FORM A

<table>
<thead>
<tr>
<th>SECURITY NUMBER</th>
<th>RECEIVING EXAMINER'S SIGNATURE</th>
<th>DATE AND TIME ISSUED</th>
<th>SCHOOL TEST COORDINATOR'S SIGNATURE</th>
<th>DATE AND TIME RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10100011</td>
<td></td>
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<tr>
<td>10100012</td>
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<td>10100013</td>
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<td>10100016</td>
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<td>10100018</td>
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<td>10100019</td>
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<tr>
<td>10100020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DIRECTIONS
Each examiner signs this form when test booklets are issued. School test coordinator signs when test booklets are returned immediately after testing is completed. Return the top copy to Measurement Inc. with the test booklets. Retain the bottom copies for your files.

### THE SCHOOL TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.

#### CERTIFICATION STATEMENT

BY MY SIGNATURE, I CERTIFY THAT:
* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE); AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

______________________________
SIGNATURE OF CERTIFYING INDIVIDUAL

______________________________
DATE

______________________________
PRINTED NAME

______________________________
(AREA CODE) PHONE NUMBER & EXT

______________________________
TITLE
### LANGUAGE ARTS LITERACY - DAY 2

### MATHEMATICS & LITERACY TEST BOOKLETS - FORM A

<table>
<thead>
<tr>
<th>SECURITY NUMBER</th>
<th>RECEIVING EXAMINER'S SIGNATURE</th>
<th>DATE AND TIME ISSUED</th>
<th>SCHOOL TEST COORDINATOR'S SIGNATURE</th>
<th>DATE AND TIME RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>10160011</td>
<td></td>
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<td>10160012</td>
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<td>10160013</td>
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<td>10160014</td>
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<td>10160015</td>
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<td>10160016</td>
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<td>10160017</td>
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<td>10160018</td>
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<td>10160019</td>
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<td></td>
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<tr>
<td>10160020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DIRECTIONS**

Each examiner signs this form when test booklets are issued. School test coordinator signs when test booklets are returned immediately after testing is completed. Return the top copy to Measurement Inc. with the test booklets. Retain the bottom copies for your files.

**THE SCHOOL TEST COORDINATOR MUST COMPLETE THE FOLLOWING CERTIFICATION STATEMENT.**

**CERTIFICATION STATEMENT**

BY MY SIGNATURE, I CERTIFY THAT:

* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE); AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

______________________________  ____________________________
SIGNATURE OF CERTIFYING INDIVIDUAL  DATE

______________________________
PRINTED NAME

______________________________
(TITLE)

______________________________
(AREA CODE) PHONE NUMBER X EXT
### SCHOOL SECURITY CHECKLIST

**NEW JERSEY END OF COURSE BIOLOGY TEST**

**MAY 2008**

**COUNTRY:** WOOD  
**DISTRICT:** GOOD TOWN  
**SCHOOL:** PROFICIENCY HIGH

### EOC BIOLOGY

**EOC BIOLOGY TEST BOOKLETS - FORM A**

<table>
<thead>
<tr>
<th>SECURITY NUMBER</th>
<th>RECEIVING EXAMINER’S SIGNATURE</th>
<th>DATE AND TIME ISSUED</th>
<th>SCHOOL TEST COORDINATOR’S SIGNATURE</th>
<th>DATE AND TIME RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>15100011</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15100012</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15100013</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15100014</td>
<td></td>
<td></td>
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<tr>
<td>15100015</td>
<td></td>
<td></td>
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<td>15100016</td>
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<td>15100017</td>
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<td>15100018</td>
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<tr>
<td>15100019</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>15100020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DIRECTIONS

Each examiner signs this form when test booklets are issued. School test coordinator signs when test booklets are returned immediately after testing is completed. Return the top copy to Measurement Inc. with the test booklets. Retain the bottom copies for your files.

The school test coordinator must complete the following certification statement.

### CERTIFICATION STATEMENT

BY MY SIGNATURE, I CERTIFY THAT:
* I HAVE ISSUED THE TEST BOOKLETS IN NUMERICAL ORDER (IF APPLICABLE), AND
* EACH TEST BOOKLET ISSUED WAS RETURNED TO ME IMMEDIATELY AFTER TESTING WAS COMPLETED.

<table>
<thead>
<tr>
<th>SIGNATURE OF CERTIFYING INDIVIDUAL</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINTED NAME</td>
<td>(AREA CODE) PHONE NUMBER X EXT</td>
</tr>
<tr>
<td>TITLE</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G
HSPA MAKE-UP ADMINISTRATION SCHOOL SECURITY CHECKLIST
TEST BOOKLETS

| COUNTY NAME: Wood | CODE: 22 |
| DISTRICT NAME: Goodtown | CODE: 4444 |
| SCHOOL NAME: Happy High | CODE: 333 |

Mathematics

| SUBJECT: Mathematics | DATE: 03-11-08 |
| TEST BOOKLET | DATE/TIME | DATE/TIME |
| NUMBER | OR | RANGE | RECEIVED | RETURNED |
| 12345678 | ___ | ___ | ___ | ___ |
| 12345680 | ___ | ___ | ___ | ___ |
| 12345683 | ___ | ___ | ___ | ___ |
| 12345690 | thru | 12345693 | ___ | ___ |

NOTE: Copies of this completed form must be given to the District Test Coordinator with all the Test Booklets, Answer Folders, and the white copy of the Regular Test Administration School Security Checklist at the end of make-up testing period.

NOTE: If a test booklet is not returned immediately after testing is completed, record on the Irregularity Report the missing test booklet number and report the loss to the District Test Coordinator IMMEDIATELY.

03-11-08 V. Orsi 8:00 a.m.
03-11-08 S. Shack 11:15 a.m.
### APPENDIX G

**HSPA MAKE-UP ADMINISTRATION SCHOOL SECURITY CHECKLIST**

**TEST BOOKLETS**

<table>
<thead>
<tr>
<th>COUNTY NAME: Wood</th>
<th>CODE: 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISTRICT NAME: Goodtown</td>
<td>CODE: 4444</td>
</tr>
<tr>
<td>SCHOOL NAME: Happy High</td>
<td>CODE: 333</td>
</tr>
</tbody>
</table>

The School Test Coordinator (STC) uses a copy of this form to sign out and sign in test booklets given to and received from each examiner (Ex) each day. Record the subject of the make-up test administration; then, fill in the test booklet number(s) or test booklet number range in the “Test Booklet Number or Range” column. The Ex signs his/her name in the “Received Ex” column when the test booklets are given to the Ex by the STC each day. The STC signs his/her name in the “Return STC” column each day when the test booklets are returned.

**SUBJECT:** Biology  
**DATE:** 05 - 22 - 08

<table>
<thead>
<tr>
<th>TEST BOOKLET</th>
<th>DATE/TIME RECEIVED</th>
<th>DATE/TIME RETURNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER</td>
<td>OR</td>
<td>RANGE</td>
</tr>
<tr>
<td>12345678</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12345680</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12345683</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12345690</td>
<td>thru</td>
<td>12345693</td>
</tr>
</tbody>
</table>

**NOTE:**
Copies of this completed form must be given to the District Test Coordinator with all the Test Booklets, Answer Folders, and the white copy of the Regular Test Administration School Security Checklist at the end of make-up testing period.

**NOTE:**
If a test booklet is not returned immediately after testing is completed, record on the Irregularity Report the missing test booklet number and report the loss to the District Test Coordinator IMMEDIATELY.
**IRREGULARITY REPORT**

**HIGH SCHOOL PROFICIENCY ASSESSMENT (HSFA)**

- **County/District/School Code:** 22 - 4444, 333
- **Date:** 03 – 14 – 08
- **Time:** 11:15 a.m.
- **District Name:** Goodtown
- **School Name:** Happy High
- **Preparer’s Name (Print):** Stacy Shack
- **Preparer’s Signature:** Stacy Shack
- **Preparer’s Title:** Check one:
  - [ ] examiner
  - [x] school coord
  - [ ] proctor
  - [ ] district test coord
- **Preparer’s Phone Number:** 307 – 794 – 9879

1. **Use this space below to report students who responded on the wrong page in the answer folder.** For example: student wrote math items #35 & 36 on the pages for items #21 & 24, and vice versa, etc.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Answer Folder Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce Clark</td>
<td>645798</td>
<td>Math Items 35 &amp; 36 reversed</td>
</tr>
</tbody>
</table>

2. **Use this space below to report students who had more than one answer folder.**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>1st Answer Folder #</th>
<th>2nd Answer Folder #</th>
<th>Reason for Multiple Answer Folders Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Raymonds</td>
<td>Unknown</td>
<td>645715</td>
<td>1st AF sent back regular week</td>
</tr>
</tbody>
</table>

3. **Use this space to report any other irregularities that may affect scoring.**

4. **Use this space to report security breaches, including the loss of any secure testing materials.**

5. **Use this space to report any miscellaneous irregularities that occurred during testing.**

<table>
<thead>
<tr>
<th>Irregularity</th>
<th>Description of Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student broke seal on wrong section in test booklet</td>
<td></td>
</tr>
<tr>
<td>Student became ill during testing – V1</td>
<td></td>
</tr>
<tr>
<td>Student refused to test, cheated, used cell phone, or was disruptive – V2</td>
<td></td>
</tr>
<tr>
<td>Student should not have taken the HSFA – V3</td>
<td></td>
</tr>
<tr>
<td>Other (fire drill, class disruptions, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

4. **Use this space to report defective test booklets or answer folders.**

   | Test Booklet or Answer Folder Number | Describe problem with test booklet or answer folder (missing, unmarked pages, unmarked pages, unseal sections, etc.) and action taken to correct situation |

The school test coordinator must collect any completed Irregularity Report forms immediately after testing on the day the irregularity occurs.
Special Handling Envelope for Problem Answer Folders

- Use PINK ENVELOPE to return ALL Answer Folders & Irregularity Reports for problems that affect scoring (Category 1 Irregularities):
  - Responded on wrong page of Answer Folder,
  - Used more than one Answer Folder,
  - Used someone else’s Answer Folder.

- Paper clip Irregularity Report to the front of the Answer Folder, along with the grade appropriate Header Sheet, and place it in the envelope.
HSPA SPECIAL HANDLING ENVELOPE  
PROBLEM ANSWER FOLDERS

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>CDS Code</th>
<th>NUMBER OF STUDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodtown</td>
<td>22 4444 333</td>
<td>2</td>
</tr>
<tr>
<td>Happy High</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Directions:** **ONLY** use this envelope to return Irregularity Reports and answer folders that involve the following problems: student uses multiple answer folders; student uses someone else’s answer folder; student records responses in wrong answer folder section.

1. Include an Irregularity Report with each student’s answer folder and an appropriate grade level Header Sheet. Clip together—DO NOT STAPLE—each student’s answer folder, Header Sheet, and Irregularity Report.

2. **DO NOT** use this envelope for students who are EXITED or NOT PRESENT.

3. Return this envelope to Measurement Incorporated with your used regular or make-up answer folder return shipment.

<table>
<thead>
<tr>
<th>STUDENT’S NAME</th>
<th>ANSWER FOLDER NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce Clark</td>
<td>645798</td>
</tr>
<tr>
<td>Rose Raymonds</td>
<td>645715</td>
</tr>
</tbody>
</table>
**IRREGULARITY REPORT**

**HIGH SCHOOL PROFICIENCY ASSESSMENT (HSFA)**

- **County/District/School Code:** 22 | 4444, 333
- **Date:** 03 – 14 – 08
- **Time:** 11:15 a.m.

**District Name:** Goodtown

**School Name:** Happy High

**Preparer’s Name:** Stacy Shack

**Preparer’s Signature:** Stacy Shack

- **Preparer’s Phone Number:** 307 – 794 - 9879

**Preparer’s Title:** Check one:

- examiner [X]
- school coord
- proctor
- district test coord

---

1. **Use this space below to report students who responded on the wrong page in the answer folder.**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Answer Folder Number</th>
<th>Description</th>
</tr>
</thead>
</table>

2. **Use the space below to report students who had more than one answer folder.**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>1st Answer Folder #</th>
<th>2nd Answer Folder #</th>
<th>Reason for Multiple Answer Folders Used</th>
</tr>
</thead>
</table>

3. **Use this space to report any other irregularities that may affect scoring.**

4. **Use this space to report any miscellaneous irregularities that occurred during testing.**

<table>
<thead>
<tr>
<th>Irregularity</th>
<th>Student name(s)/description of problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student broke seal on wrong section in test booklet</td>
<td></td>
</tr>
<tr>
<td>Student became ill during testing – V1</td>
<td></td>
</tr>
<tr>
<td>Student refused to test, cheated, had cell phone, or was disruptive – V2</td>
<td></td>
</tr>
<tr>
<td>Student should not have taken the HSFA – V3</td>
<td></td>
</tr>
<tr>
<td>Other (fire drill, class disruptions, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

   | Greg Cook AF 645783 refused to test |

5. **Use this space to report defective test booklets or answer folders.**

<table>
<thead>
<tr>
<th>Test Booklet or Answer Folder Number</th>
<th>Describe problem with test booklet or answer folder (missing, unstapled or misprinted pages, unsealed sections, etc.) and action taken to correct situation</th>
</tr>
</thead>
</table>

   The school test coordinator must collect any completed Irregularity Report forms immediately after testing on the day the irregularity occurs.
Use PURPLE ENVELOPE to return ALL Category 2 – 4 Irregularity Reports.

Do NOT include ANY answer folders or ANY test booklets in this envelope.

Return this envelope to MI with your regular or make-up answer folder return shipment.
Category 2-4
HSPA
IRREGULARITY REPORTS

DISTRICT Goodtown SCHOOL Happy High

CDS Code 22 - 4444 - 333 DATE 03-16-08

Directions: ONLY use this envelope to return Category 2-4 HSPA Irregularity Reports. Do NOT include ANY answer folders in this envelope. (Do NOT use this envelope for Category 1 Irregularity Reports that pertain to “problem” answer folders which must be returned in the pink Problem Answer Folder envelope with the affected answer folders). Return this envelope to Measurement Incorporated with your regular or make-up answer folder return shipment.

Irregularity Reports ONLY

No Answer Folders
No Test Booklets
SE/504 & Braille/Large Print
Special Accommodations

**YELLOW Envelope**

- Use for students with **IEP** or **504 Plan** providing for use of extra paper or computer printed responses.

- **Paper Clip Extra Sheets** of paper to answer folder.

- **ALL** extra sheets of paper must be marked with:
  - Student’s Name
  - CDS Code
  - Subject & Item Number
  - Answer Folder Number

- **Complete** & include grade appropriate **Header Sheet.**
HSPA SPECIAL HANDLING ENVELOPE
SE/504 ACCOMMODATIONS & BRAILLE/LARGE-PRINT

DISTRICT ______________________ CDS Code ____________

SCHOOL ______________________ NUMBER OF STUDENTS ___

Directions: ONLY use this envelope to return answer folders for:

1. SE/504 students who have separate sheets of paper containing open-ended responses. Clip together — DO NOT STAPLE — the student’s answer folder, open-ended responses, and an appropriate grade level Header Sheet.

2. Students who took the Braille or Large-Print form of the test. Clip together — DO NOT STAPLE — the student’s answer folder, open-ended responses, or Brailled and transcribed open-ended responses, and an appropriate grade level Header Sheet.

3. Return this envelope to Measurement Incorporated with your used regular or make-up answer folder return shipment.

NOTE: Retain a hard copy of each student’s open-ended responses until scores are reported to and reviewed by the district.

STUDENT’S NAME              ANSWER FOLDER NUMBER

Jessica Moore                789341
Brad Simmons                 798432
KEY DATES to RETURN HSPA MATERIALS

March 16, 2007  **LAST DAY** to Return All **Used** Answer Folders, *Pink, Yellow, & Purple Envelopes, & Exited Students Bar-Code Label Return Forms* to MI via **Federal Express**.

March 19 - 23, 2007  Test Booklets picked up by **Imperatore Courier** for return to MI.

March 23, 2007  Used Answer Folders Received by MI **After** This Date Will **Not** Be Processed in time for reporting.
KEY DATES to RETURN BIOLOGY MATERIALS

May 23, 2007  **DAY** to Return All **Used** Answer Folders, Pink, Yellow, & Purple Envelopes to MI via **Federal Express**.

May 27 - 30, 2007  Test Booklets picked up by **Imperatore Courier** for return to MI.

May 30, 2007  Used Answer Folders Received by MI **After** This Date Will **Not** Be Processed in time for reporting.
**NEW JERSEY STATEWIDE TESTING SYSTEM**
**HIGH SCHOOL PROFICIENCY ASSESSMENT**
**ELEVENTH-GRADE HEADER SHEET**

**COMPLETÉ FOR EACH HEADER**

**DISTRICT NAME:** Goodtown  
**SCHOOL NAME:** Happy High

**COUNTY CODES** | **DISTRICT CODES** | **SCHOOL CODES**
---|---|---
0 | 0 | 0
0 | 0 | 0
4 | 4 | 4
X | X | X
X | X | X

**COMPLETE FOR EACH HEADER**

**FILL IN ONLY ONE CIRCLE**
- ☐ Regular Testing
- ☐ Make-Up Testing

**COMPLETE FOR EACH HEADER**

**NUMBER OF ANSWER FOLDERS RETURNED:**

**US USE ONLY**

**THE SCHOOL PRINCIPAL AND CHIEF SCHOOL ADMINISTRATOR MUST REVIEW AND SIGN THIS FORM**

- The High School Proficiency Assessment was received, secured, and administered consistent with established New Jersey Department of Education procedures as outlined in the District/School Test Coordinator Manual and Examiner Manual for this administration. If procedures were not properly applied, student test performance may be invalidated.
- The information provided on this header sheet has been reviewed by me and is accurately bubbled.
- Makes a photocopy of each completed Header Sheet and retains a file copy.

**Lissa Watts 3-14-08**  
**Jane Wright 3-14-08**
Follow the directions outlined below.

1. In the original shipment of test materials, you will receive boxes and/or envelopes, white return labels, and Federal Express airbills. As soon as possible after testing each week, call the telephone number listed on the airbill and schedule the answer folder pickup. This call must be made 24 hours before you want Federal Express to arrive.

2. For each grade within the school, assemble the appropriate Header Sheet, followed by the used answer folders. Place the documents from School 2 in the bottom of the box and place the documents from School 1 on top. Please follow the order displayed below.

3. Also include any Exiting Students HSPA ID Bar-Code Label Return Forms, any pink Category 1 Irregularity Report, any yellow Special Handling Envelopes, any pink Category 1 Irregularity Report Envelopes. These items should be placed on TOP of the Header Sheets and answer folders.
4. The return labels should be applied to the front of each package containing used answer folders. Be sure to number each package in the shipment 1 of N. Only a single FedEx airbill is needed for the entire shipment. Apply the completed airbill to package #1.

FOR ANSWER FOLDERS PICKUP CALL FEDERAL EXPRESS AT 800-463-3339

5. USED HSPA ANSWER FOLDERS MUST BE RETURNED TO MEASUREMENT INCORPORATED:

Test Administration Dates

Regular Test
Make-up

Ship Answer Folders via Federal Express on
Friday of Regular Week
Friday of Make-up Week
TEST BOOKLET RETURN CHECKLIST

- Check quantities & ID numbers to verify that all booklets are collected.
- Check for Answer Folders left inadvertently in booklets.
- Place ALL booklets in numeric order in original shipping boxes.
- Complete District Return Form & immediately notify NJDOE if a booklet is missing.
- Mail District Return Form to MI using self-addressed stamped envelope provided.
- Complete On-line Test Materials Return Form.
- Retain file copies of all Security Forms & Irregularity Reports.
TEST BOOKLET RETURN
CHECKLIST (cont.)

- Place original Security Checklists in manila envelope provided.

- Place manila envelope containing checklist in the first box & mark the outside of this box “Forms Enclosed” and “1 of 5”.

- Number remaining boxes “2 of 5”, “3 of 5”, etc.

- On the outside of each box, cover original shipping label with Measurement Incorporated return label.

- Place sealed boxes in locked storage until Imperatore Courier arrives.
### District Return Form

**New Jersey High School Proficiency Assessment**

**March 2008**

**County:** Wood  
**District:** Good Town  
**Chief School Administrator:** Dr. Chief School Administrator

#### Test Booklets

<table>
<thead>
<tr>
<th>Security Range</th>
<th>Number Sent</th>
<th>Number Returned</th>
<th>Missing Test Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District Overage</strong></td>
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<tr>
<td>HSFA Math &amp; LAL Test Booklets</td>
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<tr>
<td>Form A: 10100001 - 10100010</td>
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<tr>
<td><strong>666 Proficiency High</strong></td>
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<tr>
<td>HSFA Math &amp; LAL Test Booklets</td>
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<tr>
<td>Form A: 10100011 - 10100020</td>
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<tr>
<td><strong>Supplementary Shipment</strong></td>
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<tr>
<td>HSFA Test Booklets</td>
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<tr>
<td>12345671 - 12345680</td>
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</tr>
</tbody>
</table>

**Chief School Administrator:** Jane Wright  
**Signature:** Jane Wright  
**Date:** 3-18-08

**Directions:**

Complete this form IMMEDIATELY after all testing is finished and test booklets are packaged for the return shipment to Measurement Inc. [MI]. Mail the top copy to MI in the self-addressed stamped envelope provided. Retain the bottom copy for your records. For information about the packaging and return of test booklets, refer to the District/School Test Coordinator Manual.

The district test coordinator must complete the following certification statement.

**Certification Statement:**

By my signature, I certify that:

1. Placing all test booklets in numerical order;
2. Verifying each test booklet security number and;
3. Counting each test booklet individually.

**Signature of certifying individual:** Jane Wright  
**Date:** 3-18-08

**Table:**

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Wright</td>
<td>CSA</td>
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**Contact Information:**

<table>
<thead>
<tr>
<th>Area Code</th>
<th>Phone Number</th>
<th>Ext</th>
</tr>
</thead>
<tbody>
<tr>
<td>609</td>
<td>123-4567</td>
<td></td>
</tr>
</tbody>
</table>
PICK-UP TICKET
NEW JERSEY HIGH SCHOOL PROFICIENCY ASSESSMENT
MARCH 2008

DISTRICT NAME: GOOD TOWN
CDS CODE: 88-7777

DR. CHIEF SCHOOL ADMINISTRATOR
ADMINISTRATION BUILDING
100 MAIN STREET
GOOD TOWN, N.J. 06860
(888) 777-6666 X 7777

Confirmation of Pick-Up

Number of Packages Picked Up: 2

District Chief School
Administrator, District
Test Coordinator or Other
Authorized Signature: Mary Connors

Driver's Initials: EVO

Date: 3-20-08

Instructions for driver: Fill in the number of boxes taken from the district and initial above. Return white copy to Measurement Inc. Keep yellow copy and give pink copy to district.

<< WHITE - Measurement Inc., Shipping Dept.; YELLOW - Courier; PINK - District >>
# District Return Form

New Jersey End of Course Biology Test

May 2008

**County:** Wood  
**District:** Good Town  
**Chief School Administrator:** Dr. Chief School Administrator  
**Code:** 80-7777

## Test Booklets

<table>
<thead>
<tr>
<th>Security Range</th>
<th>Number Sent</th>
<th>Number Returned</th>
<th>Missing Test Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Average</td>
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</tr>
<tr>
<td>EOC Biology Test Booklets</td>
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</tr>
<tr>
<td>Form A: 15100001 - 15100010</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proficiency High</td>
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</tr>
<tr>
<td>EOC Biology Test Booklets</td>
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</tr>
<tr>
<td>Form A: 15100011 - 15100020</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Chief School Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature:** ___________________________  
**Date:** __________

**Directions:** Complete this form IMMEDIATELY after all testing is finished and test booklets are packaged for the return shipment to Measurement Inc. (MI). Mail the top copy to MI in the self-addressed stamped envelope provided. Retain the bottom copy for your records. For information about the packaging and return of test booklets, refer to the District/School Test Coordinator Manual.

The District Test Coordinator must complete the following Certification Statement.

## Certification Statement

By my signature, I certify that:

- The return of all test booklets to Measurement Inc. has been verified by:
  1. Placing all test booklets in numerical order;
  2. Verifying each test booklet security number; and
  3. Counting each test booklet individually.

---

**Signature of Certifying Individual:** ___________________________  
**Date:** __________

**Printed Name:** ___________________________  
**Area Code:** ____-____  
**Phone Number:** ____-____  
**Ext:** ____

**Title:** ___________________________
PICK-UP TICKET
NEW JERSEY END OF COURSE BIOLOGY TEST
MAY 2009

DISTRICT NAME: GOOD TOWN
CODE: GG-7777

DR. CHIEF SCHOOL ADMINISTRATOR
ADMINISTRATION BUILDING
100 MAIN STREET
GOOD TOWN, N.J. 08888
(000) 777-6666 x 7777

Confirmation of Pick-Up

Number of EOC Biology Packages Picked Up: ____________
(Do not include NJPSA packages.)

District Chief School
Administrator, District
Test Coordinator or Other
Authorized Signature: __________________________ Date: ________

Driver's Initials: __________________________

Instructions for Driver: Fill in the number of boxes taken from the district and
initial above. Return white copy to Measurement Inc. Keep yellow copy and give
pink copy to district.

<< WHITE = Measurement Inc., Shipping Dept.; YELLOW = Courier; PINK = District>>
A L W A Y S

- Have multiple personnel authorized to receive test materials when delivered.
- Return the District Receipt Form to MI immediately.
- Maintain limited access to secure materials at ALL times.
- Keep test booklets in numeric order.
- Use ALL School Security Checklists.
- Provide accurate Student Roster for every examiner.
- Be available during test administration dates.
- Conduct your own security visits.
Seat students in a way that helps prevent cheating.

Retain copy of all test responses done on separate sheets.

Retain a hard copy of responses done on a word processor.

Place all extra sheets of paper in the YELLOW envelope for SE/504 and Braille/Large Print Accommodations.

Report Category 1 irregularities on Irregularity Report Form & return with answer folders using PINK envelope.

Report Category 2-4 irregularities on Irregularity Report Form & return forms ONLY using PURPLE envelope.

Verify accurate count before signing the District Return Form.

Save and reuse the original boxes to return test booklets.
NEVER

- Never refuse a shipment of test materials.
- Never abrogate the responsibility for counting or recounting test booklets.
- Never distribute booklets out of numeric order.
- Never borrow or lend test booklets across schools.
- Never allow students to use pen.
- Never instruct students to pass test booklets up an aisle/row.
- Never destroy a HSPA ID Bar-Code Label. All HSPA ID Bar-Code Labels must be returned to MI.
- Never cover an existing bar-code label on test materials.