

## Test Record

Agency #							
Site #							

① Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

② Instructor Name \_\_\_\_\_

**TEST**

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**Directions for marking answers**

- Use No. 2 pencil only
- Do NOT use ink or ballpoint pen
- Make dark marks that fill oval completely
- Erase cleanly any answers you change

Right			
0	●	2	3
Wrong			
⊗	1	2	3
0	1	2	3

**PRACTICE QUESTIONS**

- 1 (A B C D)
- 2 (A B C D)
- 3 (A B C D)
- 4 (A B C D)
- 5 (A B C D)
- 6 (A B C D)

<p>③ <b>STUDENT IDENTIFICATION</b></p> <p>★</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>Is this your Social Security #? Yes <input type="checkbox"/> No <input type="checkbox"/></p>											0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	<p>④ <b>FORM NUMBER</b></p> <p>★</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>R</td><td>X</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>M</td><td> </td></tr> <tr><td>2</td><td>2</td><td>2</td><td>L</td><td> </td></tr> <tr><td>3</td><td>3</td><td>3</td><td>W</td><td> </td></tr> <tr><td>4</td><td>4</td><td>4</td><td>S</td><td> </td></tr> <tr><td>5</td><td>5</td><td>5</td><td>G</td><td> </td></tr> <tr><td>6</td><td>6</td><td>6</td><td>C</td><td> </td></tr> <tr><td>7</td><td>7</td><td>7</td><td> </td><td> </td></tr> <tr><td>8</td><td>8</td><td>8</td><td> </td><td> </td></tr> <tr><td>9</td><td>9</td><td>9</td><td> </td><td> </td></tr> </table>						0	0	0	R	X	1	1	1	M		2	2	2	L		3	3	3	W		4	4	4	S		5	5	5	G		6	6	6	C		7	7	7			8	8	8			9	9	9			<p>⑤ <b>TEST DATE</b></p> <p>★</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>MM</td> <td>D</td> <td>D</td> <td>20</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>Jan</td> <td><input type="checkbox"/></td> <td>0</td> <td>0</td> <td> </td> <td>0</td> </tr> <tr> <td>Feb</td> <td><input type="checkbox"/></td> <td>1</td> <td>1</td> <td>●</td> <td>1 1</td> </tr> <tr> <td>Mar</td> <td><input type="checkbox"/></td> <td>2</td> <td>2</td> <td> </td> <td>2 2</td> </tr> <tr> <td>Apr</td> <td><input type="checkbox"/></td> <td>3</td> <td>3</td> <td> </td> <td> </td> </tr> <tr> <td>May</td> <td><input type="checkbox"/></td> <td>4</td> <td> </td> <td> </td> <td>4</td> </tr> <tr> <td>Jun</td> <td><input type="checkbox"/></td> <td>5</td> <td> </td> <td> </td> <td>5</td> </tr> <tr> <td>Jul</td> <td><input type="checkbox"/></td> <td>6</td> <td> </td> <td> </td> <td>6</td> </tr> <tr> <td>Aug</td> <td><input type="checkbox"/></td> <td>7</td> <td> </td> <td> </td> <td>7</td> </tr> <tr> <td>Sep</td> <td><input type="checkbox"/></td> <td>8</td> <td> </td> <td> </td> <td>8</td> </tr> <tr> <td>Oct</td> <td><input type="checkbox"/></td> <td>9</td> <td> </td> <td> </td> <td>9</td> </tr> <tr> <td>Nov</td> <td><input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Dec</td> <td><input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	MM	D	D	20	Y	Y	Jan	<input type="checkbox"/>	0	0		0	Feb	<input type="checkbox"/>	1	1	●	1 1	Mar	<input type="checkbox"/>	2	2		2 2	Apr	<input type="checkbox"/>	3	3			May	<input type="checkbox"/>	4			4	Jun	<input type="checkbox"/>	5			5	Jul	<input type="checkbox"/>	6			6	Aug	<input type="checkbox"/>	7			7	Sep	<input type="checkbox"/>	8			8	Oct	<input type="checkbox"/>	9			9	Nov	<input type="checkbox"/>					Dec	<input type="checkbox"/>				
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Student does not yet have the skills to be tested.

\* = required for TOPSpro software

<p>⑩ <b>TEST 1</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>⑪ <b>TEST 2</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>⑫ <b>TEST 3</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>⑬ <b>TEST 4</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </table>				0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9
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## Test Record

Agency #							
Site #							

① Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

② Instructor Name \_\_\_\_\_

**TEST**

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**Directions for marking answers**

- Use No. 2 pencil only
- Do NOT use ink or ballpoint pen
- Make dark marks that fill oval completely
- Erase cleanly any answers you change

Right			
0	●	2	3
Wrong			
⊗	1	2	3
0	1	2	3

**PRACTICE QUESTIONS**

- 1 (A B C D)
- 2 (A B C D)
- 3 (A B C D)
- 4 (A B C D)
- 5 (A B C D)
- 6 (A B C D)

<p>③ <b>STUDENT IDENTIFICATION</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table> <p>Is this your Social Security #? Yes <input type="checkbox"/> No <input type="checkbox"/></p>											0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	<p>④ <b>FORM NUMBER</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td><td>R</td><td>X</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>M</td><td> </td></tr> <tr><td>2</td><td>2</td><td>2</td><td>L</td><td> </td></tr> <tr><td>3</td><td>3</td><td>3</td><td>W</td><td> </td></tr> <tr><td>4</td><td>4</td><td>4</td><td>S</td><td> </td></tr> <tr><td>5</td><td>5</td><td>5</td><td>G</td><td> </td></tr> <tr><td>6</td><td>6</td><td>6</td><td>C</td><td> </td></tr> <tr><td>7</td><td>7</td><td>7</td><td> </td><td> </td></tr> <tr><td>8</td><td>8</td><td>8</td><td> </td><td> </td></tr> <tr><td>9</td><td>9</td><td>9</td><td> </td><td> </td></tr> </table>						0	0	0	R	X	1	1	1	M		2	2	2	L		3	3	3	W		4	4	4	S		5	5	5	G		6	6	6	C		7	7	7			8	8	8			9	9	9			<p>⑤ <b>TEST DATE</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>MM</td> <td>DD</td> <td>20</td> <td>YY</td> </tr> <tr> <td>Jan <input type="checkbox"/></td> <td>00</td> <td> </td> <td>00</td> </tr> <tr> <td>Feb <input type="checkbox"/></td> <td>11</td> <td>●</td> <td>11</td> </tr> <tr> <td>Mar <input type="checkbox"/></td> <td>22</td> <td> </td> <td>22</td> </tr> <tr> <td>Apr <input type="checkbox"/></td> <td>33</td> <td> </td> <td>33</td> </tr> <tr> <td>May <input type="checkbox"/></td> <td>44</td> <td> </td> <td>44</td> </tr> <tr> <td>Jun <input type="checkbox"/></td> <td>55</td> <td> </td> <td>55</td> </tr> <tr> <td>Jul <input type="checkbox"/></td> <td>66</td> <td> </td> <td>66</td> </tr> <tr> <td>Aug <input type="checkbox"/></td> <td>77</td> <td> </td> <td>77</td> </tr> <tr> <td>Sep <input type="checkbox"/></td> <td>88</td> <td> </td> <td>88</td> </tr> <tr> <td>Oct <input type="checkbox"/></td> <td>99</td> <td> </td> <td>99</td> </tr> <tr> <td>Nov <input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Dec <input type="checkbox"/></td> <td> </td> <td> </td> <td> </td> </tr> </table>	MM	DD	20	YY	Jan <input type="checkbox"/>	00		00	Feb <input type="checkbox"/>	11	●	11	Mar <input type="checkbox"/>	22		22	Apr <input type="checkbox"/>	33		33	May <input type="checkbox"/>	44		44	Jun <input type="checkbox"/>	55		55	Jul <input type="checkbox"/>	66		66	Aug <input type="checkbox"/>	77		77	Sep <input type="checkbox"/>	88		88	Oct <input type="checkbox"/>	99		99	Nov <input type="checkbox"/>				Dec <input type="checkbox"/>			
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