

# Test Record

## PRACTICE

- 1 ● (B) (C) (D)  
2 (A) ● (C) (D)  
3 (A) (B) ● (C)

① *Lin, Ching*

Student Last Name

First

Middle

② *L. Bounds*

Instructor Name

Agency #

Site #

## TEST

- 1 ● (B) (C) (D)

- 2 (A) ● (C) (D)

- 3 (A) (B) ● (C)

- 4 (A) ● (C) (D)

- 5 (A) (B) ● (C)

- 6 (A) (B) ● (C)

- 7 (A) ● (C) (D)

- 8 ● (B) (C) (D)

- 9 ● (B) (C) (D)

- 10 (A) (B) ● (C)

- 11 (A) (B) ● (C)

- 12 (A) ● (C) (D)

- 13 (A) ● (C) (D)

- 14 (A) (B) ● (C)

- 15 (A) (B) ● (C)

- 16 ● (B) (C) (D)

- 17 (A) ● (C) (D)

- 18 (A) (B) ● (C)

- 19 (A) (B) ● (C)

- 20 (A) ● (C) (D)

- 21 (A) (B) ● (C)

- 22 (A) (B) ● (C)

- 23 (A) ● (C) (D)

- 24 ● (B) (C) (D)

- 25 (A) (B) ● (C)

- 26 (A) ● (C) (D)

- 27 (A) (B) ● (C)

- 28 (A) ● (C) (D)

- 29 (A) (B) ● (C)

- 30 ● (B) (C) (D)

- 31 ● (B) (C) (D)

- 32 (A) (B) ● (C)

- 33 (A) (B) ● (C)

- 34 (A) (B) ● (C)

- 35 (A) (B) ● (C)

- 36 (A) (B) ● (C)

- 37 (A) (B) ● (C)

- 38 (A) (B) ● (C)

- 39 (A) (B) ● (C)

- 40 (A) (B) ● (C)

- 41 (A) (B) ● (C)

- 42 (A) (B) ● (C)

- 43 (A) (B) ● (C)

- 44 (A) (B) ● (C)

- 45 (A) (B) ● (C)

- 46 (A) (B) ● (C)

- 47 (A) (B) ● (C)

- 48 (A) (B) ● (C)

- 49 (A) (B) ● (C)

- 50 (A) (B) ● (C)

### Directions for marking answers

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

Right

(0) (1) (2) (3)

Wrong

(X) (1) (2) (3)

(0) (1) (2) (3)

### ③ STUDENT IDENTIFICATION

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

Is this your Social Security #? Yes ☒ No ☐

### ④ FORM NUMBER

|   |   |   |   |
|---|---|---|---|
| 0 | 8 | 4 | R |
| 0 | 0 | 0 | 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 |   |

### ⑤ TEST DATE

| Month                                   | Day | Year  |
|-----------------------------------------|-----|-------|
| Jan <input type="checkbox"/>            | 00  | 200 0 |
| Feb <input type="checkbox"/>            | 01  | 200 1 |
| Mar <input type="checkbox"/>            | 02  | 200 2 |
| Apr <input type="checkbox"/>            | 03  | 200 3 |
| May <input type="checkbox"/>            | 04  | 200 4 |
| Jun <input checked="" type="checkbox"/> | 05  | 200 5 |
| Jul <input type="checkbox"/>            | 06  | 200 6 |
| Aug <input type="checkbox"/>            | 07  | 200 7 |
| Sep <input type="checkbox"/>            | 08  | 200 8 |
| Oct <input type="checkbox"/>            | 09  | 200 9 |
| Nov <input type="checkbox"/>            | 10  | 201 0 |
| Dec <input type="checkbox"/>            | 11  | 201 1 |

### ⑥ CLASS NUMBER

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

### ⑦ INSTRUCTIONAL PROGRAM (Mark one)

- ☒ Basic Skills (ABE)  
☐ ESL  
☐ ESL / Citizenship  
☐ Citizenship  
☐ High School Diploma  
☐ GED  
☐ Spanish GED  
☐ Career / Tech Ed  
☐ Workforce Readiness  
☐ Adults w / Disabilities  
☐ Health & Safety  
☐ Home Economics  
☐ Parent Education  
☐ Older Adults  
☐ Other

### ⑧ HOURS OF INSTRUCTION\*

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

\* If this is the student's first test, leave blank; otherwise, fill in the hours of instruction since the last test.

### ⑨ RAW SCORE

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

☐ Student does not yet have the skills to be tested.

\* = required for TOPSpro software

| ⑩ TEST 1 | ⑪ TEST 2 | ⑫ TEST 3 | ⑬ TEST 4 |
|----------|----------|----------|----------|
| 0 0 0    | 0 0 0    | 0 0 0    | 0 0 0    |
| 1 1 1    | 1 1 1    | 1 1 1    | 1 1 1    |
| 2 2 2    | 2 2 2    | 2 2 2    | 2 2 2    |
| 3 3 3    | 3 3 3    | 3 3 3    | 3 3 3    |
| 4 4 4    | 4 4 4    | 4 4 4    | 4 4 4    |
| 5 5 5    | 5 5 5    | 5 5 5    | 5 5 5    |
| 6 6 6    | 6 6 6    | 6 6 6    | 6 6 6    |
| 7 7 7    | 7 7 7    | 7 7 7    | 7 7 7    |
| 8 8 8    | 8 8 8    | 8 8 8    | 8 8 8    |
| 9 9 9    | 9 9 9    | 9 9 9    | 9 9 9    |