TOPS

Tracking Of Programs and Students

TRUS-011

Test Record

Agency #							
Site #							

① Student Last Name ____ First ____ Middle ____

② Instructor Name ____

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 ● 2 3

Wrong: ⊗ 1 2 3 / 0 1 ⊘ 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

TEST

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
7 A B C D
8 A B C D
9 A B C D
10 A B C D
11 A B C D
12 A B C D
13 A B C D
14 A B C D
15 A B C D
16 A B C D
17 A B C D
18 A B C D
19 A B C D
20 A B C D
21 A B C D
22 A B C D
23 A B C D
24 A B C D
25 A B C D
26 A B C D
27 A B C D
28 A B C D
29 A B C D
30 A B C D
31 A B C D
32 A B C D
33 A B C D
34 A B C D
35 A B C D
36 A B C D
37 A B C D
38 A B C D
39 A B C D
40 A B C D
41 A B C D
42 A B C D
43 A B C D
44 A B C D
45 A B C D
46 A B C D
47 A B C D
48 A B C D
49 A B C D
50 A B C D

③ ★ **STUDENT IDENTIFICATION**

Is this your Social Security #? Yes ☐ No ☐

④ ★ **FORM NUMBER**

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

⑤ ★ **TEST DATE**

	D		20	Y
Jan ☐	0 0		19	0 0
Feb ☐	1 1		● ●	1
Mar ☐	2 2			2 2
Apr ☐	3 3			3 3
May ☐	4			4 4
Jun ☐	5			5 5
Jul ☐	6			6 6
Aug ☐	7			7 7
Sep ☐	8			8 8
Oct ☐	9			9 9
Nov ☐				
Dec ☐				

⑥ ★ **CLASS NUMBER**

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***

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

⑨ **RAW SCORE**

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

⑩ **TEST 1** ⑪ **TEST 2** ⑫ **TEST 3** ⑬ **TEST 4**

* = required for TOPSpro software