



Request for Invalidation

OTELA

Spring 2009

Student Information

Student Name _____

Date of Birth _____

District Name _____

District IRN # _____

School Name _____

School IRN # _____

Test Information

Grade Level of Test (**Circle One Grade Level**):

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|----|----|
| K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|

Domain

Please circle the domain(s) to be invalidated: Reading Writing Listening Speaking

Deadline

March 20, 2009

Please give detailed reason for request _____

Superintendent Signature and Date – must have signature to process request

_____ Date

Fax form to:
 American Institutes for Research (AIR)
 614-220-9012
- ONLY COMPLETED FORMS WILL BE PROCESSED -