

Spring 2012 Ohio Test of English Language Acquisition (OTELA) Grades 1–2 Student Score Sheet

Student Name _____

Reading Items

Inventory Item Number	You may write the score in this column	You must bubble the final score in this column
R01		0 1 2 3
R02		0 1 2 3
R03		0 1 2 3
R04		0 1 2 3
R05		0 1 2 3
R06		0 1 2 3
R07		0 1 2 3
R08		0 1 2 3
R09		0 1 2 3
R10		0 1 2 3
R11		0 1 2 3
R12		0 1 2 3
R13		0 1 2 3
R14		0 1 2 3

Writing Items

Inventory Item Number	You may write the score in this column	You must bubble the final score in this column
W01		0 1 2 3
W02		0 1 2 3
W03		0 1 2 3
W04		0 1 2 3
W05		0 1 2 3
W06		0 1 2 3
W07		0 1 2 3
W08		0 1 2 3
W09		0 1 2 3

Speaking Items

Inventory Item Number	You may write the score in this column	You must bubble the final score in this column
S01		0 1 2 3
S02		0 1 2 3
S03		0 1 2 3
S04		0 1 2 3
S05		0 1 2 3
S06		0 1 2 3
S07		0 1 2 3
S08		0 1 2 3

Listening Items

Inventory Item Number	You may write the score in this column	You must bubble the final score in this column
L01		0 1 2 3
L02		0 1 2 3
L03		0 1 2 3
L04		0 1 2 3
L05		0 1 2 3
L06		0 1 2 3
L07		0 1 2 3

For use with Grades 1–2 students only. Failure to bubble-in the final scores before submitting this Student Score Sheet to the STC will result in a score of Did Not Attempt (DNA).

P Testing Group Number			
Based on Location			
Reading	Writing	Listening	Speaking
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

A Student Name _____
 School Name _____
 District Name _____

Do NOT Affix
 Pre-ID Label Here

(Optional)
Local Student ID/DSID
 (Do not enter Soc. Sec. #)

O Student Number

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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

N

Place the Student
 Pre-ID Label Here

B Last Name _____ **First Name** _____ **MI** _____

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

H District IRN

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

I School IRN

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

F SSID (State-assigned)

A	A	0	0	0	0	0	0	0	0
B	B	1	1	1	1	1	1	1	1
C	C	2	2	2	2	2	2	2	2
D	D	3	3	3	3	3	3	3	3
E	E	4	4	4	4	4	4	4	4
F	F	5	5	5	5	5	5	5	5
G	G	6	6	6	6	6	6	6	6
H	H	7	7	7	7	7	7	7	7
I	I	8	8	8	8	8	8	8	8
J	J	9	9	9	9	9	9	9	9
K	K								
L	L								
M	M								
N	N								
O	O								
P	P								
Q	Q								
R	R								
S	S								
T	T								
U	U								
V	V								
W	W								
X	X								
Y	Y								
Z	Z								

C Date of Birth

Month	Day	Year
<input type="radio"/> Jan	0	0
<input type="radio"/> Feb	1	1
<input type="radio"/> Mar	2	2
<input type="radio"/> Apr	3	3
<input type="radio"/> May	4	4
<input type="radio"/> Jun	5	5
<input type="radio"/> Jul	6	6
<input type="radio"/> Aug	7	7
<input type="radio"/> Sep	8	8
<input type="radio"/> Oct	9	9
<input type="radio"/> Nov		
<input type="radio"/> Dec		

E Grade Level

1 2

G Gender

Female
 Male

J IEP/504 Status

Please indicate if the student has an IEP or 504 plan.

IEP
 504

M Migrant Status

Migrant Student

SCHOOL USE ONLY

D Ethnicity

American Indian
 Asian/Pacific Islander
 Black/African American
 Hispanic
 White
 Multi-Racial
 Other

Spring 2012
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