

Spring 2012 Ohio Test of English Language Acquisition (OTELA) Kindergarten 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 Kindergarten 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

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

C Date of Birth

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

E Grade Level

K

G Gender

F Female
 M 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

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 For use with kindergarten students only.