

BJU PRESS TESTING & EVALUATION

INSTRUCTIONS FOR COMPLETING *ITBS*®/*ITED*® ANSWER DOCUMENT

Be sure to fill in **only** the following areas:

1. Teacher, School, City (System), State, Grade (Grade is the grade student is enrolled in.)
2. Date of Birth: month and **year**
3. Student's Name (spelled and bubbled correctly)
4. Gender: male or female
5. *ITBS/ITED* Form
6. *CogAT*® Level (when applicable)
7. Race/Ethnicity (optional)

ITBS® Complete Battery
Cognitive Abilities Test™

Form A, B, or C
Form 6

ITBS Level **11**

OPTIONAL

1-60 items (A-E bubbles)

TEST ADMINISTRATOR USE ONLY

Code	A	B	C	D	E	F	G	H	I	J	K	P	Z	Field 2	Field 3	PROGRAM(S)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(P)	(Z)	(1)	(2)	<input type="radio"/> SE <input type="radio"/> MG <input type="radio"/> 504 <input type="radio"/> T1 L <input type="radio"/> F/R/L <input type="radio"/> T1 M <input type="radio"/> GT <input type="radio"/> Other 1 <input type="radio"/> ELL <input type="radio"/> Other 2	

Parents' Name: _____
 School: Parents' Address _____
 City (System): Parents City of Residence _____
 State: State of Residence _____ Grade: 6

LAST NAME **FIRST NAME**

DATE OF BIRTH: JAN Year, FEB 00, MAR 00, APR 00, MAY 00, JUN 00, JUL 00, AUG 00, SEP 00, OCT 00, NOV 00, DEC 00

GENDER: FEMALE, MALE

ETHNICITY/RACE: HISPANIC or Latino, Not Hispanic or Latino, RACE (Mark one or more): American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White

CogAT SAS Score: 10

STUDENT I.D. NUMBER: 0000000000
ADDITIONAL I.D. NUMBER: 0000000000

SMITH BOB

Leave OPTIONAL blank.

Leave TEST ADMINISTRATOR USE ONLY blank.

2. Date of Birth (month and year)

3. Student's Name

4. Gender

5. *ITBS/ITED* Form

6. *CogAT* Level (if applicable)

7. Race/Ethnicity (optional)

Place bar-code label in the space above.

Leave STUDENT ID and OTHER INFORMATION blank.