HOSPITAL SCHOOLS
TESTING GRID

SITE: **TEACHER:** **DATE:**

If student is taking more than one exam, list each exam separately for that student. **THIS GRID IS TO BE FILLED OUT COMPLETELY, IF YOU HAVE NO STUDENTS BEING TESTED INDICATE NONE AND SEND THE GRID TO THE OFFICE AS INDICATED ABOVE.** **Kindly complete entire grid and date each time you submit a new grid.**

Student Name	OSIS #	DOB	Grade	Informal or Formal	Testing Mods	Name of Exam	Date of exam	Comments

IF STUDENT REQUIRES ANY SCIENCE REGENTS MAKE SURE LAB HOURS ARE FULFILLED

MAKE SURE TO ENTER ONE OF THE FOLLOWING IN THE COMMENT SECTION

T – TESTED, **ME –** MEDICALLY EXCUSED, **R –** REFUSED, **A –** ABSENT, **NYSAA –** NYS ALTERNATE ASSESSMENT, **LH – L**EFT HOSPITAL (INFORM OFFICE IF ARRANGEMENTS NEEDED TO TAKE TEST AT HOME), **PT** – PARTIAL TEST, **O** – OTHER – INDICATE PRIVATE SCHOOL, OUT OF TOWN, ETC.