



**THE NEW YORK CITY DEPARTMENT OF EDUCATION**  
JOEL I. KLEIN, *Chancellor*

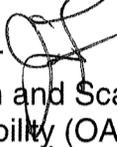
ASSESSMENT AND ACCOUNTABILITY – Scan Center  
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**MEMORANDUM**

September 4, 2007

TO: HOSPITAL SCHOOL TEACHERS

FROM: Joan Flig, Manager   
Test Administration and Scanning  
Office of Accountability (OA)

Dr. Mary Maher   
Principal of Hospital Schools

SUBJECT: PROCEDURES FOR GRADES 3-8 STATE TESTING PROGRAM  
2007-2008

Hospital teachers must **CALL THE SCHOOL WHERE THEY WILL PICK UP STUDENT'S TESTS BEFORE THE TEST DATE.** They should provide their name, the student's name and grade, and which test(s) will be picked up. For security purposes, teachers will be required to show proper identification and sign the Test Material Security Form when picking up and returning tests. The teacher may pick up the test from the student's affiliated school, the school where the teacher works, the closest public school, or any Integrated Service Center (ISC). Tests may only be picked up **after** the test administration has begun at schools.

**TESTS MUST BE RETURNED THE SAME DAY OF PICK-UP UNLESS AN IEP INDICATES A DEVIATION FROM NORMAL TESTING PROCEDURES.**

The following procedures for completion of answer documents must be followed:

Only #2 pencils may be used to complete answer documents.  
**Do not fold, staple, or send completed answer documents through the mail.** They must be hand delivered to the appropriate school or to the ISC.

**HOSPITAL SCHOOL TEACHERS ARE RESPONSIBLE FOR BUBBLING IN ALL BIOGRAPHICAL INFORMATION.**

When filling out the Answer Document and the Group/Class Header, refer to Attachments #2 and #3.

**NOTE: NO TEST MAY BE KEPT OVER A WEEKEND.**

**SECURITY VIOLATIONS MUST BE REPORTED IMMEDIATELY TO THE OFFICE OF THE SPECIAL COMMISSIONER OF INVESTIGATION (SCI), (212) 510-1500, THE ASSESSMENT IMPLEMENTATION DIRECTORS (AIDs), AND THE NEW YORK STATE EDUCATION DEPARTMENT (SED).**

Questions regarding this test memorandum may be addressed to the following:

- o Keri Kaufmann, Hospital Schools (718) 794-7266 or [KKaufmann@schools.nyc.gov](mailto:KKaufmann@schools.nyc.gov)

This memorandum is available at:

[http://schools.nyc.gov/daa/testmemos\\_0708.default.asp](http://schools.nyc.gov/daa/testmemos_0708.default.asp)

Your continuing cooperation is greatly appreciated.

JF/MM: am  
Attachments

c: James Liebman  
Jennifer Bell-Ellwanger  
Bonnie Brown  
Assessment Implementation Directors

**2007-08 APPOINTED TEACHERS OF HOSPITAL STUDENTS**  
**PICK-UP AND RETURN SCHEDULE FOR STATE TESTS**  
**GRADES 3-8**

<b>SUGGESTED PICK-UP DATE</b>	<b>TEST</b>	<b>GRADE(S)</b>	<b>RETURN TO SCHOOL, ISC, OR SCORING SITE</b>
November 14 Booklet 1	Social Studies	5	Nov. 14, 2007
* November 15 Booklet 2	Social Studies	5	Nov. 15, 2007
January 8 Session 1	ELA	3, 4, 5	Jan. 8, 2008
January 9 Session 2	ELA	3, 4, 5	Jan. 9, 2008
January 10 Session 3	ELA	4	Jan. 10, 2008
January 15 Session 1	ELA	6, 7, 8	Jan. 15, 2008
January 16 Session 2	ELA	6, 7, 8	Jan. 16, 2008
January 17 Session 3	ELA	6, 8	Jan. 17, 2008
March 4 Session 1	Mathematics	3,4,5	March 4, 2008
March 5 Session 2	Mathematics	3,4,5	March 5, 2008
March 6 Session 3	Mathematics	4	March 6, 2008
March 10 Session 1	Mathematics	6,7,8	March 10, 2008
March 11 Session 2	Mathematics	6,7, 8	March 11, 2008
March 12 Session 3	Mathematics	8	March 12, 2008
* June 3 Booklet 1	Social Studies	8	June 3, 2008
June 4 Booklet 2	Social Studies	8	June 4, 2008

**ALL TESTS MUST BE RETURNED THE SAME DAY OF PICK-UP UNLESS AN IEP INDICATES A DEVIATION FROM NORMAL TESTING PROCEDURES.**

**TESTS MAY NOT BE KEPT OVER A WEEKEND.**

**TESTS MAY BE ADMINISTERED ANY DAY WITHIN THE MAKE-UP TEST WINDOW (ATTACHMENT #1A).**

**\* OPTIONAL FOR GRADE 8 ELA PICK-UP FOR SESSION 2 ON JANUARY 15, 2008.**

**\* OPTIONAL FOR GRADE 8 MATHEMATICS PICK-UP FOR SESSION 2 ON MARCH 11, 2008.**

**MAKE-UP SCHEDULE**

<b>MAKE-UP DATES</b>	<b>TEST</b>	<b>GRADES</b>
November 16 - 21	Social Studies	5
January 10 - 15	ELA	3, 4, 5
January 11 - 16	ELA	4
January 17-21	ELA	6, 7, 8
January 18 - 22	ELA	6, 8
March 6 - 11	Mathematics	3, 4, 5
March 7 - 12	Mathematics	4
March 12 - 19	Mathematics	6, 7, 8
June 5 - 11	Social Studies	8

ATTACHMENT #2

It is the teacher's responsibility to make certain that the biographical side of each answer document is complete and correct. Before each test administration begins, all biographical information must be completed for all students. The teacher must verify each student's NYC ID Number, Name, and Date of Birth. This can be accomplished by consulting the student's official record card ID label. See your Pupil Accounting Secretary when questions arise.

1. NAME (Last, First, MI) - Left-justify. Enter and fill in. Make certain that the first letter of the last name is entered in the first box. **DO NOT LEAVE ANY SPACES OR USE HYPHEN, APOSTROPHES, ETC.**
2. NYC ID NUMBER - Carefully enter the 9 digit number. **DO NOT OMIT.** This item must be entered completely and accurately. See your Pupil Accounting Secretary when questions arise, OR refer to student's official record card ID label.
3. SEX - Fill in Male or Female.
4. DATE OF BIRTH - Fill in month, day and year.
5. GRADE - Fill in the bubble that appears on the answer document.
6. LEAVE BLANK.
7. SCHOOL CODE - Enter borough, and district number (75). Enter school number, and class number. **ALL SCHOOLS MUST USE ONLY 3 DIGIT CLASS CODES.**

8. REASON NOT TESTED: Fill in - Absent for entire test if student was not in attendance for the entire test window. Fill in reason for all students who are either exempt (NYSAA) medically excused, not enrolled at time of test), if a document is submitted blank, or if an administrative error occurred during the test.
9. LEP Accommodations: Fill in as many as apply for ELL students.
10. SPECIAL EDUCATION: Part-Time: Fill in for all students who are receiving related services outside of their regular classroom. Full-Time: Fill in for all students in self contained special education classes.
11. TESTING ACCOMMODATIONS - For full-time or part-time Special Education students and 504 Plan students.
12. TRANSLATED EDITION - Bubble in appropriate language if student is using for the test.

CLASS CODE IS 999 FOR:

- M-75-501
- X-75-502
- K-75-503
- Q-75-504
- R-75-505

**SPECIFIC INSTRUCTIONS FOR COMPLETING GROUP/CLASS HEADER**

1. **TEACHER'S NAME** - Left justify. Enter and fill in Hospital.
2. **BOROUGH, DISTRICT, SCHOOL NO.** - Enter and fill in Borough, District, and School.  
 M-75-401  
 X-75-402  
 K-75-403  
 Q-75-404  
 R-75-405
3. **GRADE** - Fill in.
4. **CLASS** - Enter and fill in the 3 digit class code 999.
5. **NUMBER OF ANSWER DOCUMENTS SUBMITTED** - Enter and fill in number of documents. Include absentees.
6. **GROUP CODES** - Leave Blank.
7. **TEST NAME** - Enter test name.
8. **TEST DATE** - Enter test date.
9. **SPECIAL EDUCATION** - Fill in for Special Education documents.
10. **MAKE-UP** - Leave Blank.
11. **TRANSLATION** - Leave Blank.
12. **LEAVE BLANK.**