



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: SUPERVISORS AND **PER SESSION** TEACHERS OF
HOMEBOUND STUDENTS

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

Moira Magro 
Home Instruction Office

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

Per session teachers of homebound students must **CALL THE SCHOOL WHERE THEY WILL PICK UP STUDENTS' 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 tests 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 administration has begun at schools.

TESTS MUST BE RETURNED WITHIN 48 HOURS OF PICK-UP UNLESS AN IEP INDICATES A DEVIATION FROM NORMAL TESTING PROCEDURES, IF THE ADMINISTRATION OF A NYS TEST HAS 3 SESSIONS, OR FOR THE ADMINISTRATION OF THE GRADE 8 NYS SOCIAL STUDIES TEST.

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 the ISC.

PER SESSION TEACHERS OF HOMEBOUND STUDENTS 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:

- Moira Magro, Home Instruction Office (718) 794-7200 ext. 2
or MMagro@schools.nyc.gov

This memorandum is available at:

http://schools.nyc.gov/daa/testmemos_0708/default.asp.

Your continuing cooperation is greatly appreciated.

JF/MM: arn

Attachments

c: Marcia Lyles

James Liebman

Jennifer Bell-Ellwanger

Bonnie Brown

Assessment Implementation Directors

Sandra Ledesma, Principal of Home Instruction

**2007-2008 PER SESSION TEACHERS OF HOMEBOUND STUDENTS
PICK-UP AND RETURN SCHEDULE FOR STATE TESTS
GRADES 3-8**

SUGGESTED PICK-UP DATE AFTER 1:00 P.M.	TEST	GRADES	RETURN TO SCHOOLS, ISC, OR SCORING SITE
November 14 Booklet 1	Social Studies	5	Nov. 16, 2007 By 1:00 p.m.
* November 19 Booklet 2	Social Studies	5	Nov. 21, 2007 By 1:00 p.m.
January 8 Session 1	ELA	3, 4, 5	Jan.10, 2008
January 9 Session 2	ELA	3, 4, 5	Jan.11, 2008 By 1:00 p.m.
January 14 Session 3	ELA	4	Jan.16, 2008
January 15 Session 1	ELA	6, 7, 8	Jan.17, 2008
January 16 Session 2	ELA	6, 7, 8	Jan. 18, 2008 By 1:00 p.m.
January 22 Session 3	ELA	8	Jan.24, 2008
March 4 Session 1	Mathematics	3, 4, 5	Mar. 6, 2008
March 5 Session 2	Mathematics	3, 4, 5	Mar. 7, 2008 By 1:00 p.m.
March 10 Session 3	Mathematics	4	Mar.12, 2008
March 10 Session 1	Mathematics	6, 7, 8	Mar.12, 2008
March 11 Session 2	Mathematics	6, 7, 8	Mar. 13, 2008
March 17 Session 3	Mathematics	8	Mar. 19, 2008
* June 3 Booklet 1	Social Studies	8	June 6, 2008 By 1:00 p.m.
June 9 Booklet 2	Social Studies	8	June 11, 2008 By 1:00 p.m.

NOTE: ALL TESTS MUST BE RETURNED WITHIN 48 HOURS OF PICK-UP UNLESS AN IEP INDICATES A DEVIATION FROM NORMAL TESTING PROCEDURES OR IF THE ADMINISTRATION OF A NYS TEST HAS 3 SESSIONS OR FOR GRADE 8 NYS SOCIAL STUDIES TEST.

NO TEST MAY BE KEPT OVER A WEEKEND. TESTS MAY BE ADMINISTERED ANY DAY WITHIN THE MAKE-UP TEST WINDOW (ATTACHMENT #1A).

*** NEW YORK STATE GRADES 5 & 8 SOCIAL STUDIES TEST MUST BE RETURNED TO THE STUDENTS HOME SCHOOL FOR SCORING.**

MAKE-UP SCHEDULE

MAKE-UP DATES	TEST	GRADES
November 16 - 20	Social Studies	5
January 10 - 18	ELA	3, 5
January 11 - 18	ELA	4
January 17 - 21	ELA	6, 7, 8
January 18 - 25	ELA	6, 8
March 7 - 14	Mathematics	3, 5
March 8 - 14	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

The diagram shows the 'NEW YORK CITY GROUP/CLASS HEADER' form with the following sections and callouts:

- 1:** TEACHER'S NAME (LAST, FIRST, MI)
- 2:** BORO, DISTRICT, SCHOOL NUMBER
- 3:** GRADE
- 4:** CLASS
- 5:** NO. OF ANSWER DOCUMENTS SUBMITTED
- 6:** GROUP CODES (A, B, C, D, E, F, G, H, I, J)
- 7:** TEST NAME
- 8:** TEST DATE
- 9:** SPECIAL EDUCATION
- 10:** MAKE-UP
- 11:** TRANSLATION
- 12:** LEAVE BLANK

1. **TEACHER'S NAME** - Left justify. Enter and fill in Homebound.
2. **BOROUGH, DISTRICT, SCHOOL NO.** - Enter and fill in Borough, District, and School.
 M-75-501
 X-75-502
 K-75-503
 Q-75-504
 R-75-505
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.**