



Department of
Education

Joel I. Klein
Chancellor

MEMORANDUM

September 5, 2008

TO: HOSPITAL SCHOOL TEACHERS

FROM: Grace Pepe, Director of Assessment Operations *GP*
Office of Accountability (OA)

Dr. Mary Maher *mm/JP*
Principal of Hospital Schools

SUBJECT: PROCEDURES FOR GRADES 3-8 STATE TESTING PROGRAM
2008-2009

Hospital teachers must **CALL THE SCHOOL WHERE THEY WILL PICK UP STUDENT 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 (Attachment #1).

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 ASSESSMENT IMPLEMENTATION DIRECTOR (AID) FOR CITY AND STATE TESTS, AS WELL AS TO THE OFFICE OF THE SPECIAL COMMISSIONER OF INVESTIGATION (SCI) AT (212) 510-1500. STATE TESTS REQUIRE NOTIFICATION TO THE AID, SCI, AND TO THE STATE EDUCATION DEPARTMENT (SED) (518) 474-8220.

Student Cheating: Do not permit students to obtain information from or give information to other students in any way during the test. If you suspect that such an attempt has occurred, warn the students that any further attempts will result in the termination of their tests. If necessary, move the students to another location. If these steps fail to end attempts to obtain or give information, notify the principal immediately and terminate the students' tests. At the conclusion of the test, all suspected cheating must be reported to the principal. If, in the judgment of the principal, a student has given aid to or obtained aid from another person during the test, the principal must follow the school's disciplinary procedure for student cheating and invalidate the student's test. In addition, the principal must report the incident to the SED by fax to (518) 402-5596. Invalidated tests may not be scored.

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

- Keri Kaufmann, Hospital Schools (718) 794-7266 or KKaufmann@schools.nyc.gov

This memorandum is available at:

http://schools.nyc.gov/daa/testmemos_0809.default.asp

Your continuing cooperation is greatly appreciated.

GP/MM: arn

Attachments

c: Marcia Lyles
James Liebman
Bonnie Brown
Arthur VanderVeen
Assessment Implementation Directors

2008-09 APPOINTED TEACHERS OF HOSPITAL STUDENTS
PICK-UP AND RETURN SCHEDULE FOR STATE TESTS
GRADES 3-8

SUGGESTED PICK-UP DATE	TEST	GRADE(S)	RETURN TO SCHOOL, ISC, OR SCORING SITE
November 12 Booklet 1	Social Studies	5	Nov. 12, 2008
* November 13 Booklet 2	Social Studies	5	Nov. 13, 2008
January 13 Session 1	ELA	3, 4, 5	Jan. 13, 2009
January 14 Session 2	ELA	3, 4, 5	Jan. 14, 2009
January 15 Session 3	ELA	4	Jan. 15, 2009
January 21 Session 1	ELA	6, 7, 8	Jan. 21, 2009
January 22 Session 2	ELA	6, 7, 8	Jan. 22, 2009
January 23 Session 3	ELA	6, 8	Jan. 23, 2009
March 3 Session 1	Mathematics	3,4,5	March 3, 2009
March 4 Session 2	Mathematics	3,4,5	March 4, 2009
March 5 Session 3	Mathematics	4	March 5, 2009
March 10 Session 1	Mathematics	6,7,8	March 10, 2009
March 11 Session 2	Mathematics	6,7, 8	March 11, 2009
March 12 Session 3	Mathematics	8	March 12, 2009
* June 2 Booklet 1	Social Studies	8	June 2, 2009
June 3 Booklet 2	Social Studies	8	June 3, 2009

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 20, 2009.**

*** OPTIONAL FOR GRADE 8 MATHEMATICS PICK-UP FOR SESSION 2 ON March 11, 2009.**

MAKE-UP SCHEDULE

MAKE-UP DATES	TEST	GRADES
November 14 – 18	Social Studies	5
January 15 – 23	ELA	3, 4, 5
January 16 – 23	ELA	4
January 22 – 30	ELA	6, 7, 8
January 23 – 30	ELA	6, 8
March 6 – 13	Mathematics	3, 4, 5
March 6 – 13	Mathematics	4
March 12 – 20	Mathematics	6, 7, 8
June 4 - 9	Social Studies	8

ATTACHMENT #2

Answer documents that are pre-printed and pre-slugged for each student are based on the biographical information in the school's ATS files.

If there is a student who does not have a pre-slugged answer sheet with his/her name on it, bubble in all the items below on a blank answer sheet.

For verified pre-slugged answer sheets, only bubble the items checked below.

If you have a pre-slugged answer sheet for a student who is not in your class, the answer sheet may be given to and used in the appropriate class, even if the class is pre-printed with the class number.*

If you have a pre-slugged answer sheet that has a student's name misspelled or has an incorrect digit in the ID, the pre-slugged answer sheet may be used as is.*

*All problems in bio information listed above must be brought to the Pupil Accounting Secretary to be corrected on the ATS system. The Pupil Accounting Secretary can call the ATS help-desk at (718) 935-5100 for any information needed to update the ATS system.

DO NOT WRITE IN THIS AREA.

The diagram shows a sample answer sheet for the New York State Elementary-Level Social Studies Test Grade 5 2008. It includes fields for student information, test accommodations, and school information. Numbered callouts point to the following fields:

- 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 HYPHENS, 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 grade.
- 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.

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 HYPHENS, 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 grade.

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.

NOTE: Enter in class code column: 999 as the class code for homebound program. 888 as the class code for home schooling.

SPECIFIC INSTRUCTIONS FOR COMPLETING GROUP/CLASS HEADER

NEW YORK CITY GROUP/CLASS HEADER
SEE INSTRUCTIONS ON REVERSE SIDE

TEACHER'S NAME: LAST, FIRST, MI

BORO, DISTRICT, SCHOOL NUMBER

GRADE, CLASS, NO. OF ANSWER DOCUMENTS SUBMITTED

GROUP CODES: A, B, C, D, E, F, G, H, I, J

TEST NAME, TEST DATE

SPECIAL EDUCATION, MAKE-UP, TRANSLATION

7, 8, 9, 10, 11, 12

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.**