

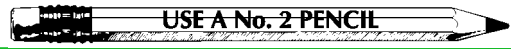
District	Student ID	CD	School	Level	Form
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Make no marks or cross-out data in the District, Student ID, CD, School, Level, and Form boxes.

District Name, School Name, Student Name, Grade, Homeroom, and Date of Birth will be pre-printed in this area.

If using an EXTRA SHEET; please fill in the Student Name, Grade, Student ID number, Homeroom, and Date of Birth.

MARKING INSTRUCTIONS: Make heavy BLACK marks. Erase cleanly. Make no stray marks.



CORRECT: ●

INCORRECT: ✓ ✗ ○

Group		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9



Leave blank.

IEP or 504 Plan Accommodations (Fill in as many as apply.)
<input type="checkbox"/> Flexibility in scheduling/timing
<input type="checkbox"/> Flexibility in setting
<input type="checkbox"/> Method of presentation (excluding Braille)
<input type="checkbox"/> Method of response
<input type="checkbox"/> Other
<input type="checkbox"/> Braille

Reason Not Tested
<input type="checkbox"/> Absent for entire test
<input type="checkbox"/> Refused to take entire test
<input type="checkbox"/> Administrative error, No score
<input type="checkbox"/> Not enrolled at time of test
<input type="checkbox"/> Medically excused
<input type="checkbox"/> Taking NYSAA

LEP Accommodations (Fill in as many as apply.)
<input type="checkbox"/> Time extension
<input type="checkbox"/> Separate location
<input type="checkbox"/> Bilingual dictionary/glossary
<input type="checkbox"/> Translated edition
<input type="checkbox"/> Oral translation
<input type="checkbox"/> Responses written in native language

Alternate Language
<input type="checkbox"/> Chinese
<input type="checkbox"/> Haitian Creole
<input type="checkbox"/> Spanish

For RIC Use Only.

Place nothing in this area.

NY State Grade 4 Elementary-Level Science Test 2009

Written Test -Part I

SAMPLES				
S-1	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
S-2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	21 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
2 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	22 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	23 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	24 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	15 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	25 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
6 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	16 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	26 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
7 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	17 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	27 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	18 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	28 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	19 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	29 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	20 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	30 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Do Not write anything in the tracking marks.

Ⓢ Absent Written Test

NY State Grade 4 Elementary-Level Science Test 2009

FOR TEACHER USE ONLY

MARKING INSTRUCTIONS: Make heavy BLACK marks. Erase cleanly. Make no stray marks.



CORRECT: ●

INCORRECT: ☒ ☓ ☐ ☑

Do Not write anything in the tracking marks.

Written Test - Part II

Record the credits for each item listed below.

- 31 ⓪ ① ②
- 32 ⓪ ①
- 33 ⓪ ①
- 34 ⓪ ①
- 35 ⓪ ① ②
- 36 ⓪ ①
- 37 ⓪ ①
- 38 ⓪ ① ②
- 39 ⓪ ① ②
- 40 ⓪ ① ②

Ⓢ **Absent Performance Test**

Performance Test, Form A

Record the credits earned on items for each of the three stations below.

- STATION 1, ITEM** 1a ⓪ ①
- 1b ⓪ ①
- 2 ⓪ ① ②
- 3 ⓪ ①
- 4 ⓪ ①
- 5 ⓪ ① ② ③

- STATION 2, ITEM** 1 ⓪ ① ②
- 2 ⓪ ① ② ③
- 3 ⓪ ① ②
- 4 ⓪ ① ②

- STATION 3, ITEM** 1 ⓪ ① ②
- 2 ⓪ ①
- 3 ⓪ ①
- 4 ⓪ ① ②
- 5 ⓪ ① ②

The Written Test - Part II questions 31-40 and the Performance Test, Form A, Stations 1-3 **MUST** be bubbled with either:
 Score Points
 or
 a "Reason Not Tested."
 If left blank, NERIC has to contact the district for clarification.
 This will delay scanning, editing, and loading of assessment data into the DW.