cc 1-3 N24

IMPACT - NRT
TEST SCORING STUDENT DATA TRANSMITTAL

N24-2

cc 4-7 _____ District Number

cc 8-10 _____ School Number

District Name: _____

School Name: _____

(This form must be completed for any student who uses an "EXTRA' answer sheet or any student who does not have a mini label on his/her consumable booklet.)

IMMEDIATELY after the test administration/make-up period is completed - send a copy of all COMPLETED N24-2 form(s) to your district CIO

R	R	R	R		R	R	R
NUMBER ON ANSWER SHEET - Max 9 digits	STUDENT'S LAST NAME Max 18 characters	STUDENT'S FIRST NAME - Max 12 characters	SEX M/F	HOME ROOM - Max 4 character	GR - Max 2 digits	DATE OF BIRTH MO DAY YR	ACTUAL STUDENT # - Max 9 digits
cc 11-19	cc 20-37	cc 39-50	cc 51	cc 52-55	cc 56-57	cc 58-63	cc 72-80

R = Data Needed to Process Reports

Rev. 10/2008 gn