





FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: sections 232.032, 402.305, 402.313, Florida Statutes; s 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

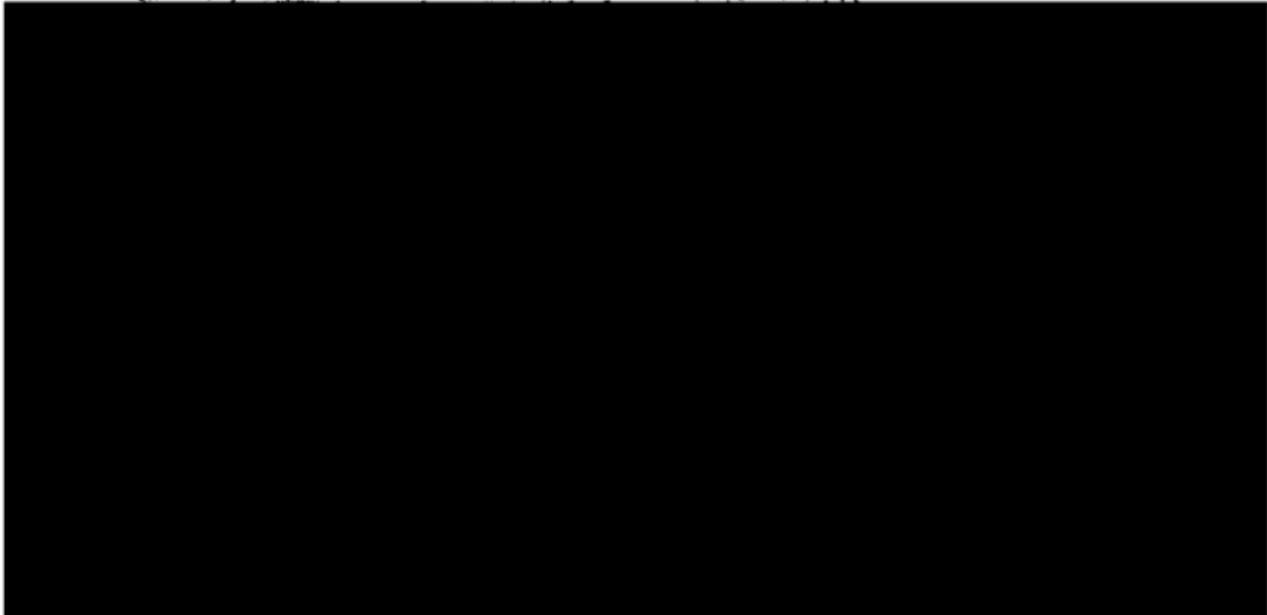
Form fields for Parent/Guardian, Child's SS#, State Immunization ID#, First Name, MI, and DOB/MO/DA/YR.

Directions:

- Enter all appropriate doses and dates below.
Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (DH 680, Part A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are available from the local county health department.

VACCINE

- DTaP/DTP2
DT3
Td4
Polio5
Hib6
MMR (Combined)7
(Seperate)8
Hepatitis B9
Varicella10
Varicella Disease



- 1 The state immunization ID# is an identifier supplied by the state immunization registry (optional).
2 DTP/DTaP 5 doses required. If the 4th primary dose is administered on or after the 4th birthday a 5th dose is not required.
3 DT (pediatric) is acceptable if pertussis vaccine is medically contraindicated. (Complete Part C for pertussis contraindication.)
4 Td (Adult) vaccine is recommended for children 7 years of age or older.
5 Polio 4 doses required. If the 3rd dose in an all OPV or all IPV series is administered on or after the 4th birthday, a 4th dose is not required. Polio vaccine is not required for children 18 years of age or older.
6 Hib is required for child care, family day care and preschool entry and attendance only.
7 First dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A 2nd dose of measles (preferably MMR) is required for students in grades K-6 and 7th grade entry and attendance effective with the 1997/1998 school year. In each subsequent year thereafter, the next highest grades are included.
8 Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I).
9 Hepatitis B vaccine series is required for 7th grade entry and attendance effective with the 1997/1998 school year and kindergarten entry and attendance effective with the 1998/1999 school year. In each subsequent year thereafter, the next highest grades are included. Hepatitis B vaccine series is required for preschool entry and attendance effective with the 2001/2002 school year.
10 Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter, the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 weeks apart. Varicella vaccine is not required if child has documentation of history of varicella disease.



Spring 2003
FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT)
MATHEMATICS SUNSHINE STATE STANDARDS PERFORMANCE TASKS
Student Report
Grade 10

This report provides your results on the FCAT 2003 Mathematics performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. Short-response tasks are scored on a 2-point rubric and extended-response tasks are scored on a 4-point rubric.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned for your answer is shown in the box to the right.

FCAT 2003
 MATHEMATICS PERFORMANCE TASKS

Student Name [REDACTED]
 Student Number [REDACTED]
 School Name **ROYAL PALM BEACH HIGH**
 School Number **2331**
 District Name **PALM BEACH**
 District Number **50**

	This Performance Task Response	All Mathematics Performance Task Responses
Points Possible	2	16
Points Earned	1	2

The students in the senior class at Paradise Island High School have decided to raise money by selling graphing calculators and geometry tool kits. They have set aside \$3,000 to purchase the items they need to sell. They will spend \$75 for each calculator, and \$20 for each tool kit. From past experience, they know that twice as many students will buy the calculators as will buy the tool kits.

(8) $75c + 20t$

The inequality and equation below can be used to determine the number of each item the senior class should have available to sell, where c is the number of calculators and t is the number of tool kits.

$$75c + 20t \leq 3,000$$

$$c = 2t$$

How many tool kits should the senior class purchase? Show your work.

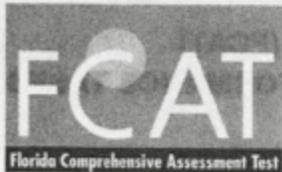
75

$$\begin{array}{r}
 75 \cdot 30 = 2250 \\
 20 \cdot 15 = 300 \\
 \hline
 2550
 \end{array}$$

$$\begin{array}{r}
 75 \cdot 40 = 3000 \\
 20 \cdot 15 = 300 \\
 \hline
 3300
 \end{array}$$

$15 \cdot 30$ is twice as less as 15
 because the student buy
 more calculators than
 tool kits

Number of tool kits



Spring 2003
FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT)
READING SUNSHINE STATE STANDARDS PERFORMANCE TASKS
Student Report
Grade 10

This report provides your results on the FCAT 2003 Reading performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. Short-response tasks are scored on a 2-point rubric and extended-response tasks are scored on a 4-point rubric.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned for your answer is shown in the box to the right.

This task required you to read a passage about an American zoologist's attempts to rehabilitate two young gorillas in Africa.

Describe how Coco and Pucker change as a result of their experience with Dian Fossey. Use details and information from the story to explain your answer.

FCAT 2003
 READING PERFORMANCE TASKS

Student Name [REDACTED]
 Student Number [REDACTED]
 School Name **ROYAL PALM BEACH HIGH**
 School Number **2331**
 District Name **PALM BEACH**
 District Number **50**

	This Performance Task Response	All Reading Performance Task Responses
Points Possible	2	12
Points Earned	2	10

Coco and Pucker changed for the better while they stayed with [REDACTED] when they first arrived. [REDACTED] spent 26 days in a wire cage and ate plain foods and no liquids. [REDACTED] had refused to eat at all and was terribly thin and weak. [REDACTED] changed her room into a comfortable environment for them, took them to the forest, and made special [REDACTED] they both got healthier and [REDACTED] trust her



PT10R

WEST MIFFLIN AREA SCHOOL DISTRICT

WEST MIFFLIN AREA MIDDLE SCHOOL

15-JUN-01

NAME	GRADE LEVEL	REPORT ROOM	SCHOOL YEAR	STUDENT NO.
[REDACTED]	8	[REDACTED]	2000-2001	[REDACTED]



	1ST	2ND	3RD	4TH
DAYS ABSENT	6.0	5.5	8.5	1.5
TIMES TARDY	0.0	0.0	0.0	2.0

COURSE	TEACHER	1ST			2ND			3RD			4TH			FINAL GRADE
		GR	COMM	CL ABS										
LANG ARTS 8	[REDACTED]	B	1		A	04		B	04		A	0		A
AM HISTORY 8	[REDACTED]	D	3		B	14		C	3		C	3		C
PRE ALG 8	[REDACTED]	C	3		D	3		D	35		D	34		D
SCIENCE 8	[REDACTED]	D	35		C	3		C	3		C	3		C
EXP FR LANG	[REDACTED]				C	1		B			B	1		B
ART/MUS LAB 8	[REDACTED]							A	0		B	1		B
HOME EC 8	[REDACTED]	B	1		B	1								B
PHY ED 8	[REDACTED]	A	3		A	1		B	1		A	0		A
HEALTH 8	[REDACTED]	B	1		A	1		B	1		B	1		B
4TH 9WKS G.P.A. IS 2.65714														

SEE REVERSE SIDE FOR KEY TO GRADES AND COMMENTS
STUDENT'S COPY

TEST RECORD INFORMATION

FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT)
SPRING 2004 SUNSHINE STATE STANDARDS

STUDENT: [REDACTED] GRADE: 11
DISTRICT: 50 PALM BEACH SID: [REDACTED]
SCHOOL: [REDACTED] HIG DOB: [REDACTED]

READING SS: NOT TESTED MATH SS: 312 PASSED
READING DSS: MATH DSS: 1938

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

Certificate of Immunization for K-12 Excluding 7th Grade Requirements

PART A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccines not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or Clinic Name:
(Print or stamp)

Physician or
Authorized Signature:

Address:

Date:

Certificate of Immunization Supplement for 7th Grade Requirement

Part A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).

Physician or Clinic Name:
(Print or stamp)

Physician or
Authorized Signature:

Address:

Date:

Temporary Medical Exemption

PART B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations.

Physician or Clinic Name:
(Print or Stamp)

(15 days after next immunization
appointment)

8/3/02

Address:

Physician or
Authorized Signature:

WEST PALM BEACH, FLORIDA 33401

Date: 8/3/02

Permanent Medical Exemption

PART C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name:
(Print or stamp)

Physician Signature:

Address:

Date:



FLORIDA CERTIFICATION OF IMMUNIZATION
Legal Authority: sections 232.032, 402.305, 402.313, Florida Statutes;
rules 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

Form fields for LAST NAME, FIRST NAME, MI, DOB MO/DA/YR, PARENT OR GUARDIAN, CHILD'S SS# (optional), and STATE IMMUNIZATION ID#1.

- Directions: Enter all appropriate doses and dates below. Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form. If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (DH 680, Part A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form. For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are available from the local county health department.

- VACCINE
DTaP/DTP2
DT3
Td4
Polio5
Hib6
MMR (Combined)7
(Seperate)8
Hepatitis B9
Varicella10
Varicella Disease



1 The state immunization ID# is an identifier supplied by the state immunization registry (optional).
2 DTP/DTaP 5 doses required. If the 4th primary dose is administered on or after the 4th birthday a 5th dose is not required.
3 DT (pediatric) is acceptable if pertussis vaccine is medically contraindicated. (Complete Part C for pertussis contraindication.)
4 Td (Adult) vaccine is recommended for children 7 years of age or older.
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LAST NAME

FIRST

MI

DOB (MO/DA/YR)

Certificate of Immunization for K-12 Excluding 7th Grade Requirements

PART A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccines not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or Clinic Name:
(Print or stamp)



Physician or
Authorized Signature: _____

Address: _____
_____ Beach, FL 33411

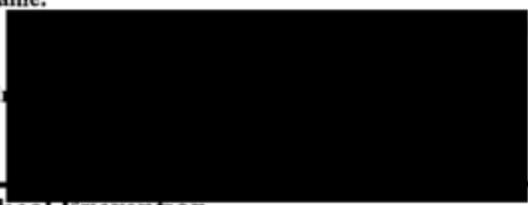
Date: _____

Certificate of Immunization Supplement for 7th Grade Requirement

Part A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).

Physician or Clinic Name:
(Print or stamp)



Physician or
Authorized Signature: _____

Address: _____

Date: _____

Temporary Medical Exemption

PART B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:
(Print or Stamp)



Expiration Date:
(15 days after next immunization
appointment) _____

Address: _____

Physician or
Authorized Signature: _____

Date: _____

Permanent Medical Exemption

PART C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption:
DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name:
(Print or stamp)



Physician Signature: _____

Address: _____

Date: _____

12th Gr Female (Form: 23G)
 SSN: NA
 Test Date: Nov 22, 2004
 Royal Palm Beach Hs
 Royal Palm B FL

ASVAB SUMMARY RESULTS

ARMED SERVICES VOCATIONAL APTITUDE BATTERY

Print No 0026

ASVAB Results	12th Grade Standard Scores	12th Grade Standard Score Bands										Percentile Scores						
		1	10	20	30	40	50	60	70	80	90	99	12th Grade Females	12th Grade Males	12th Grade Students			
Career Exploration Scores																		
Verbal Skills	54										X					66	60	63
Math Skills	45					X										34	25	30
Science and Technical Skills	50						X									65	34	50
ASVAB Tests																		
General Science (GS)	52							X								69	50	59
Arithmetic Reasoning (AR)	44					X										30	22	26
Word Knowledge (WK)	48						X									48	37	42
Paragraph Comprehension (PC)	60								X							87	83	85
Mathematics Knowledge (MK)	46					X										35	28	32
Electronics Information (EI)	53							X								85	49	67
Auto and Shop Information (AS)	46					X										60	24	42
Mechanical Comprehension (MC)	45					X										37	22	29
Military Careers Score	3																	
Military Entrance Score (AFQT)	40																	

MILITARY CAREERS AND ENTRANCE SCORES

Two more scores can be especially useful to you. The **Military Careers Score** is a composite of the ASVAB verbal, math, mechanical, and electronics tests. The **Military Careers Score** provides a link to occupations described in *Military Careers*. You will be able to see how well your skills, abilities, and career interests match those of Service personnel currently working in military occupations. *Military Careers* provides you with a clear image of what workers do in these occupations, as well as other useful information about the occupations.

The **Military Entrance Score** (also called AFQT, which stands for the Armed Forces Qualification Test) is the score used to determine your qualifications for entry into any branch of the United States Armed Forces or the Coast Guard. The **Military Entrance Score** predicts in a general way how well you might do in training and on the job in military occupations. Your score reflects your standing compared to American men and women 18 to 23 years of age.

USE OF INFORMATION

Personal identity information (name, social security number, street address, and telephone number) and test scores will not be released to any agency outside of the Department of Defense (DoD), the Armed Forces, the Coast Guard, and your school. Your school or local school system can determine any further release of information. The DoD will use your scores for recruiting and research purposes for up to two years. After that the information will be used by the DoD for research purposes only.

Visit: www.asvabprogram.com

Use Access Code: 2813N

Access code expires: July 1st

SEE YOUR COUNSELOR FOR FURTHER INFORMATION

EXPLANATION OF YOUR ASVAB STANDARD SCORES

Your ASVAB results are reported as standard scores in the above graph. Your score on each test is identified by the "X" in the corresponding bar graph. You should view these scores as *estimates* of your true skill level in that area. If you took the test again, you probably would receive a somewhat different score. Many things, such as how you were feeling during testing, contribute to this difference. This difference is shown with gray score bands in the graph of your results. Your standard scores are based on the ASVAB tests and composites based on your grade level.

The score bands provide a way to identify some of your strengths. Overlapping score bands mean your true skill level is similar in both areas, so the real difference between specific scores might not be meaningful. If the score bands do not overlap, you probably are stronger in the area that has the higher score band.

YOUR ASVAB PERCENTILE SCORES

Your ASVAB results are reported as percentile scores in the three columns to the right of the graph. Percentile scores show how you compare to other students - males and females, and for all students - in your grade. For example, a percentile score of 65 for an 11th grade female would mean she scored

the same or better than 65 out of every 100 females in the 11th grade.

For purposes of career planning, knowing your relative standing in these comparison groups is important. Being male or female does not limit your career or educational choices. There are noticeable differences in how men and women score in some areas. Viewing your scores in light of your relative standing both to men and women may encourage you to explore areas that you might otherwise overlook.

You can use the Career Exploration Scores to evaluate your knowledge and skills in three general areas (Verbal, Math, and Science and Technical Skills). You can use the ASVAB Test Scores to gather information on specific skill areas. *Together, these scores provide a snapshot of your current knowledge and skills.* This information will help you develop and review your career goals and plans.

The ASVAB is an aptitude test. It is neither an absolute measure of your skills and abilities nor a perfect predictor of your success or failure. A high score does not guarantee success, and a low score does not guarantee failure, in a future educational program or occupation. For example, if you have never worked with shop equipment or cars, you may not be familiar with the terms and concepts assessed by the Auto and Shop Informa-

tion test. Taking a course or obtaining a part-time job in this area would increase your knowledge and improve your score if you were to take it again.

USING ASVAB RESULTS IN CAREER EXPLORATION

Your career and educational plans may change over time as you gain more experience and learn more about your interests. *Exploring Careers: The ASVAB Career Exploration Guide* can help you learn more about yourself and the world of work, to identify and explore potential goals, and develop an effective strategy to realize your goals. The *Guide* will help you identify occupations in line with your interests and skills. As you explore potentially satisfying careers, you will develop your career exploration and planning skills.

Meanwhile, your ASVAB results can help you in making well-informed choices about future high school courses.

We encourage you to discuss your ASVAB results with a teacher, counselor, parent, family member or other interested adult. These individuals can help you to view your ASVAB results in light of other important information, such as your interests, school grades, motivation, and personal goals.

ASVAB SCORE AND TEST DESCRIPTIONS

Verbal Skills is a general measure of language and reading skills which combines the Word Knowledge and Paragraph Comprehension tests. People with high scores tend to do well in tasks that require good language or reading skills, while people with low scores have more difficulty with such tasks.

Math Skills is a general measure of mathematics skills which combines the Mathematics Knowledge and Arithmetic Reasoning tests. People with high scores tend to do well in tasks that require a knowledge of mathematics, while people with low scores have more difficulty with these kinds of tasks.

Science and Technical Skills is a general measure of science and technical skills which combines the General Science, Electronics Information, and Mechanical Comprehension tests. People with high scores tend to do well in tasks that require scientific thinking or technical skills, while people with low scores have more difficulty with such tasks.

General Science tests the ability to answer questions on a variety of science topics drawn from courses taught in most high schools. The life science items cover botany, zoology, anatomy and physiology, and ecology. The earth and space science items are based on astronomy, geology, meteorology, and oceanography. The physical science items measure force and motion mechanics, energy, fluids, atomic structure, and chemistry.

Arithmetic Reasoning tests the ability to solve basic arithmetic problems one encounters in everyday life. One-step and multi-step word problems require addition, subtraction, multiplication, and division, and choosing the correct order of operations when more than one step is necessary. The items include operations with whole numbers, operations with rational numbers, ratio and proportion, interest and percentage, and measurement. Arithmetic reasoning is one factor that helps characterize mathematics comprehension and it also assesses logical thinking.

Word Knowledge tests the ability to understand the meaning of words through synonyms - words having the same or nearly the same meaning as other words. The test is a measure of one component of reading comprehension since vocabulary is one of many factors that characterize reading comprehension.

Paragraph Comprehension tests the ability to obtain information from written material. Students read different types of passages of varying lengths and respond to questions based on information presented in each passage. Concepts include identifying stated and reworded facts, determining a sequence of events, drawing conclusions, identifying main ideas, determining the author's purpose and tone, and identifying style and technique.

Mathematics Knowledge tests the ability to solve problems by applying knowledge of mathematical concepts and applications. The problems focus on concepts and algorithms and involve number theory, numeration, algebraic operations and equations, geometry and measurement, and probability. Mathematics knowledge is one factor that characterizes mathematics comprehension; it also assesses logical thinking.

Electronics Information tests understanding of electrical current, circuits, devices, and systems. Electronics information topics include electrical circuits, electrical and electronic systems, electrical currents, electrical tools, symbols, devices, and materials.

Auto and Shop Information tests aptitude for automotive maintenance and repair and wood and metal shop practices. The test covers several areas commonly included in most high school auto and shop courses such as automotive components, automotive systems, automotive tools, troubleshooting and repair, shop tools, building materials, and building and construction procedures.

Mechanical Comprehension tests understanding of the principles of mechanical devices, structural support, and properties of materials. Mechanical comprehension topics include simple machines, compound machines, mechanical motion, and fluid dynamics.

Military Careers Score is a composite of the verbal, math, Mechanical Comprehension, and Electronics Information tests. It compares your skills in these areas to the skills of military personnel currently employed in a number of occupations. The score is used with the publication *Military Careers* which highlights and describes a number of military occupations.

Military Entrance Score (AFQT) is the score used if an individual decides to enter any of the armed services. See your local recruiter for details.



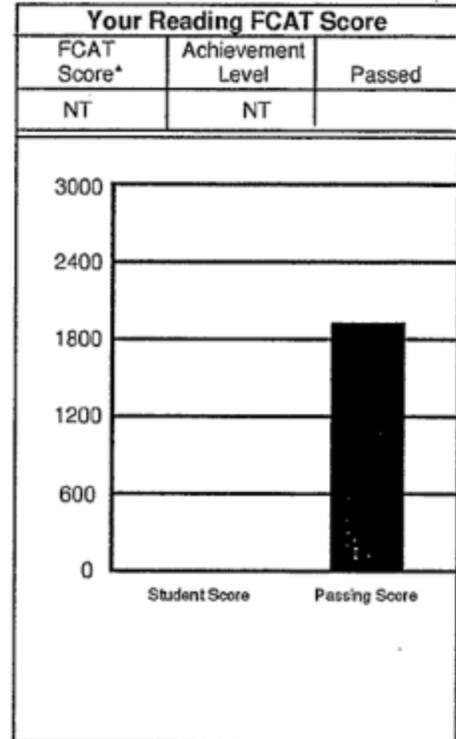
Spring 2004
Florida Comprehensive Assessment Test (FCAT)
SSS Reading and SSS Mathematics Retake Tests
Grade 11 Student Report

NAME: [REDACTED]
 ID: [REDACTED]
 SCHOOL: [REDACTED]
 DISTRICT: 50-PALM BEACH

This report shows your results from the Grade 10 FCAT Retake test(s). Passing both the Grade 10 Reading and Mathematics Tests is a requirement for a standard Florida high school diploma. Students must earn an FCAT Score of 1926 or better in Reading and 1889 or better in Mathematics to meet the graduation requirement.

The FCAT measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know.

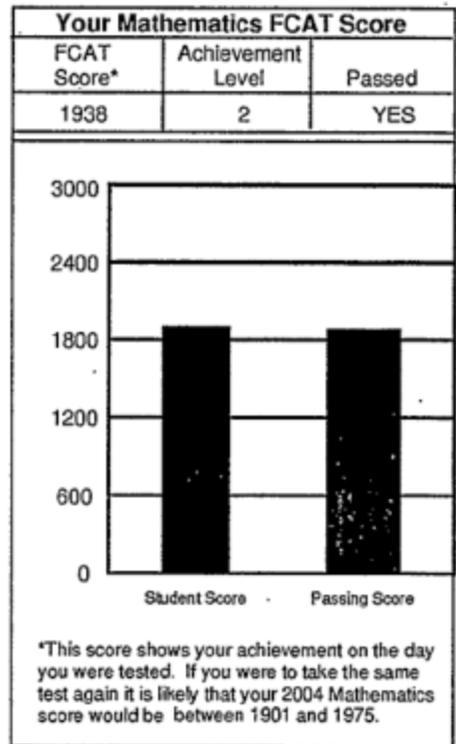
Your Reading Results			
We were unable to find a Reading score that matched your student identification number. If you took the test this year, be sure to contact your school about locating your FCAT test scores.			
Your Reading Content			
Content Areas	Points Earned	Points Possible	Percent
Words/Phrases			%
Main Idea/Purpose			%
Comparisons			%
Reference/Research			%



Reading Content - Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:

- **Words and Phrases** -uses skills to determine word meaning, including word parts and relationships between words.
- **Main Idea/Purpose** -determines a stated or implied essential message, details, author's purpose, or plot.
- **Comparisons** -knows similar and different, cause and effect, and contrast.
- **Reference/Research** -uses information from a variety of sources to reach conclusions.

Your Mathematics Results			
You have passed the Grade 10 FCAT Mathematics test.			
Your Mathematics Content			
Content Areas	Points Earned	Points Possible	Percent
Number Sense	3	10	30 %
Measurement	5	10	50 %
Geometry	5	14	36 %
Algebraic Thinking	6	14	43 %
Data Analysis	4	10	40 %



Mathematics Content- Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:

- **Number Sense** -uses number concepts and computation skills.
- **Measurement** -solves problems involving measurements, e.g., time, length, area.
- **Geometry** -analyzes and combines shapes to solve problems.
- **Algebraic Thinking** -analyzes patterns and uses equations and inequalities.
- **Data Analysis and Probability** -uses data analysis tools to display information, make predictions and make inferences.

NT=Not Tested NR=Not Reported



October 2003
Florida Comprehensive Assessment Test (FCAT)
SUNSHINE STATE STANDARDS
Grade 11 Student Report

Student Name: [REDACTED]
 District Number and Name:
50-PALM BEACH

The Florida Department of Education believes that every student has the ability to learn and succeed. The purpose of the FCAT is to ensure that Florida's public schools are providing the best education possible, and preparing students to succeed in the competitive 21st Century job market.

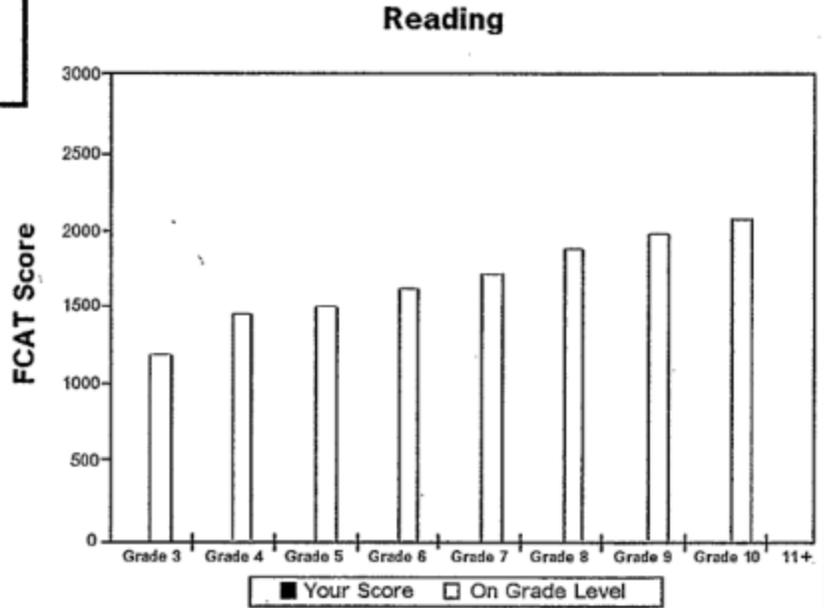
Working with teachers, the State has developed a measurement system that allows you to track a student's academic achievement from year to year and determine if a year's worth of learning has occurred in a year's time. This system also allows you to compare a student's score to a score that represents "grade level" achievement. If a student's score is above the "grade level" score, then they are performing at a level above their current grade. If it is below, they are in need of improvement. Using the "Content Scores," you are able to identify any specific academic skills needing improvement.

Below you will find your 2003 FCAT Reading and Mathematics scores, as well as your scores from previous years. The chart on the right side of the page shows your score compared to the score that represents "grade level" achievement.

We were unable to find a Reading score that matched your student identification number. If you took the test this year, be sure to contact your school about locating your FCAT test scores.

2003 Reading Content Scores		
Content Areas	Points Possible	Points Earned
Words/Phrases		
Main Idea/Purpose		
Comparisons		
Reference/Research		

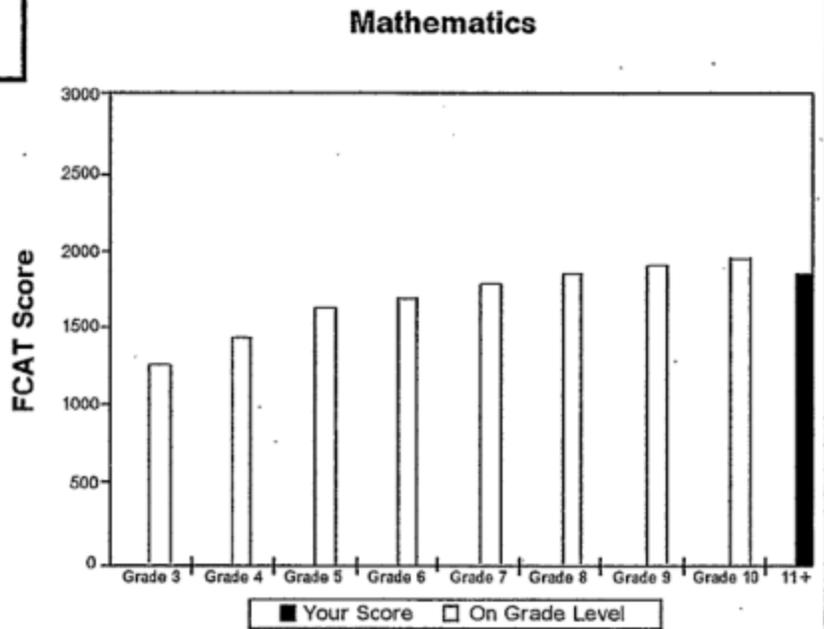
Year	2001	2002	2003
Grade Tested			10
Achievement Level			NT
FCAT Score *			NT



You did not score well enough to pass the Grade 10 FCAT Mathematics test. Your Mathematics score needs improvement. Talk to your teacher or guidance counselor about classes you can take that will help you improve your score.

2003 Mathematics Content Scores		
Content Areas	Points Possible	Points Earned
Number Sense	10	5
Measurement	11	3
Geometry	15	9
Algebraic Thinking	12	2
Data Analysis	10	5

Year	2001	2002	2003
Grade Tested	NA	NA	10
Achievement Level			2
FCAT Score *			1848



* These scores show your achievement on the day you were tested. If you had taken this test numerous times, it is likely that all of your scores would have been within a certain range.
 Your 2003 FCAT Mathematics scores probably would have been between 1807 and 1889.

NT=Not Tested NR=Not Reported NA=Data Not Available



** P.O. Box 3050
 ** Boca Raton, FL 33431-0950
 Attn: Boca Mail Unit

Account Number:	[REDACTED]
Total Amount Due:	\$83.62
Due Date:	08/17/01
Mobile Number:	[REDACTED]
Amount Paid:	\$ [REDACTED]

Check here if address change. Complete reverse side.
 PLEASE DO NOT SEND CORRESPONDENCE WITH PAYMENT



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 Charlotte, NC 28272-0811



Please Return TOP Portion With Payment



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 Boca Raton, FL 33431-0950
 Attn: Boca Mail Unit

For Customer Use		
Amount Paid	Date Paid	Check #

Bill Date:	07/25/01
Account Number:	[REDACTED]

Billing inquiries, call Customer Service
 at 800-351-2400
 866-241-6567 (TTY)

TERMS: The past due amount is due immediately. Late payment charges of 1.5 % may be applied to any unpaid balance as of your next billing date. Returned checks or other negotiable instruments may result in the maximum processing charge allowed by law and may be resubmitted electronically. Notations made on checks or accompanying material will not secure your rights.

Balance Forward	Late Payment Fee	Current Monthly Charges	Total Amount Due
0.00	0.00	83.62	\$83.62

ATTENTION INTERACTIVE MESSAGING CUSTOMERS:
 Your Interactive Messaging email address has changed! Please have your friends and associates update their address books for your new email, which now ends with mobile.mycingular.com. For example, for phone number 313-555-1010, the email address is 3135551010@mobile.mycingular.com. Your former email address continues to work. Email sent to the old address will forward to the new address & appear on your phone as normal. If you reply, the recipient will see the new mobile.mycingular.com email address.

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Agent Name: South Beach Ins Agency
Agent Address: P O Box 39-8119
Miami Beach, FL 33239
Agent Phone #: [REDACTED]

AGENCY CODE: 411647

Named Insured: [REDACTED]
Mailing Address: [REDACTED]
Loxahatchee, FL 33470
Policy Number: [REDACTED]

Insuring Company:
American Strategic Insurance Corp
1325 Snell Isle Blvd
Saint Petersburg, FL 33704
Customer Inquiry Line: 866-ASI-HOME

SOUTH BEACH INSURANCE
PO BOX 398119
MIAMI BEACH FL 33239-8119
[REDACTED]

07/24/01

HOMEOWNERS INSURANCE RENEWAL

**** SEND PAYMENT TO: AMERICAN STRATEGIC INSURANCE
PO BOX 7790
KALISPELL, MT 55904

****MAKE CHECK PAYABLE TO: AMERICAN STRATEGIC INSURANCE

THE ATTACHED INSURANCE POLICY WILL EXPIRE SHORTLY AND THE POLICY IS BEING RENEWED BY THE INSURANCE COMPANY WITH THE SAME LIMITS AND TERMS.

IF THE REPLACEMENT COST OF YOUR HOME, CONDO OR CONTENTS IS MORE THAN WHAT IS SHOWN IN YOUR POLICY, YOU MUST CHOOSE TO INCREASE YOUR COVERAGE LIMIT TO THE REPLACEMENT VALUE. IF COVERAGE IS NOT INCREASED, A COVERED LOSS WILL BE SETTLED ON AN ACTUAL CASH VALUE BASIS IN LIEU OF ON REPLACEMENT COST BASIS.

IT IS IMPERATIVE THAT YOU CONTACT US OUTSIDE THE TIME FRAME IF YOU WOULD LIKE YOUR INSURANCE RENEWED.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US. WE ARE IN BUSINESS TO SERVE AND PROTECT YOUR INTEREST.

SINCERELY,

SOUTH BEACH INSURANCE AGENCY INC.

P.S. IF MORTGAGE COMPANY IS TO PAY YOUR RENEWAL WE WILL REQUIRE PAYMENT IN CASH

COMMONWEALTH OF PENNSYLVANIA · DEPARTMENT OF HEALTH
VITAL RECORDS

Certification of Birth

DATE OF BIRTH

(MO., DAY, YEAR)

FILE NO.

DATE FILED

07-14-87

(MO., DAY, YEAR)

DATE ISSUED

11/24/87

(MO., DAY, YEAR)

COUNTY OF BIRTH ALLEGHENY

SUBJECT

FEMALE

FATHERS NAME

AGE 35

MOTHERS MAIDEN NAME

AGE 37

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P.L. 304, approved by the General Assembly, June 25, 1953.

CHARLES HARDESTER
STATE REGISTRAR

H105.105 (REV. 8-1-86)

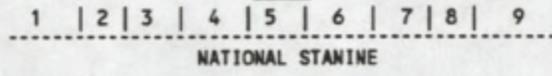


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STUDENT : ██████████ A STUDENT # ██████████ DOB : ██████████
 TESTPAK : ██████████ WEST HIFFLIN AREA SCHOOLS FORM : ██████████ PAGE
 TEACHER : ██████████ LEVEL: I1 1
 SCHOOL : HONEYVILLE ELEM GRADE: 4 SPR
 DISTRICT : WEST HIFFLIN AREA SCHOOL DISTRICT TEST DATE 04/14/97
 FILENAME : ██████████ RUN DATE 05/20/97

SUBTEST	RS	GE	NCE	PR	NATIONAL PERCENTILE															
					1	2	5	10	20	30	40	50	60	70	80	90	95	98	99	
READING VOCABULARY	26	5.0	52.1	54																
READING COMPREHENSION	39	5.5	57.0	63																
TOTAL READING	65	5.3	55.3	60																
CONCEPTS OF NUMBER	16	4.3	39.6	31																
MATH COMPUTATION	27	4.7	48.4	47																
MATH APPLICATIONS	12	2.8	28.2	15																
TOTAL MATHEMATICS	55	4.1	38.3	29																
LANGUAGE MECHANICS	26	8.5	66.3	78																
LANGUAGE EXPRESSIONS	23	6.5	55.3	60																
TOTAL LANGUAGE	49	7.1	60.4	69																
SPELLING	22	4.2	43.6	38																
STUDY SKILLS	23	6.0	57.5	64																
LISTENING	27	4.6	47.4	45																
BASIC BATTERY TOTAL	241	4.6	47.9	46																
SCIENCE	29	5.0	50.5	51																
SOCIAL SCIENCE	37	6.9	61.0	70																
COMPLETE BATTERY TOTAL	307	4.8	49.5	49																
USING INFORMATION(COMPLETE)	49	5.3	53.2	56																
THINKING SKILLS(COMPLETE)	60	4.8	50.0	50																



READING GROUP : Regular Instruction
 LANGUAGE ARTS GROUP : Regular Instruction
 MATHEMATICS GROUP : Applications
 COMMUNICATIONS GROUP: Average

---- CONTENT CLUSTER SCORES ----

READ VOC	#/#	ADD WHOL	#/#	VERB AGRE	#/#	BIO SCIE	#/#
SYNO NYMS	14/ 24 AV	SUB WHOL	4/ 6 AV	OTHR PART	4/ 4 HI	ERTH SPAC	9/ 20 HI
CON TEXT	6/ 8 AV	MULT WHOL	5/ 6 AV	LANG EXPR	4/ 5 AV	SCIE PROC	11/ 14 AV
MULT MEAN	6/ 8 AV	MULT FACT	8/ 12 AV	SENT CORR	15/ 20 AV	INQR SKIL	20/ 31 HI
RECR EATN	15/ 18 AV	MULT <10	1/ 3 LO	FRAG MENT	7/ 10 AV	KNOW LEDG	17/ 25 HI
TEXT UAL	12/ 18 AV	MULT 2/30	5/ 6 AV	RUN ONS	8/ 10 AV	UNDR STND	4/ 9 AV
FJNC TNAL	12/ 18 AV	DIVI WHOL	2/ 3 AV	SENT EFCT	8/ 10 AV	USNG INFO	11/ 16 HI
LIT ERAL	14/ 21 AV	DIVI FACT	8/ 10 HI	SPEL	8/ 10 AV	USNG INFO	49/ 70 AV
STAT DETL	8/ 13 AV	DIVI 1/2D	3/ 3 AV	HOMO PHON	5/ 8 AV	MA USNG	2/ 6 LO
PLOT ACTN	6/ 8 AV	+/- DECM	5/ 7 HI	PHON PRIN	8/ 16 AV	SS USNG	23/ 30 AV
INFR ENTL	20/ 26 AV	ADD DECM	2/ 6 AV	CONS SNDS	5/ 8 AV	SCI USNG	17/ 25 AV
MAIN IDEA	3/ 4 HI	SUB DECM	0/ 3 LO	VOWL SNDS	3/ 8 LO	SOC USNG	7/ 9 AV
DRAW CONC	5/ 7 AV	+/- FRAC	2/ 3 AV	STRC PRIN	9/ 16 AV	THNK SKIL	60/101 AV
CAUS EFCT	6/ 7 AV	MATH APPL	0/ 4 LO	INFL END	5/ 8 AV	RC THNK	13/ 17 HI
INFR MEAN	6/ 8 AV	PROB SOLV	10/ 22 AV	AFF IXES	4/ 8 AV	CNC# THNK	3/ 6 AV
CRIT ICAL	5/ 7 HI	SOLU SENT	1/ 3 AV	PRE FIXS	2/ 4 AV	MA THNK	5/ 15 AV
AUTH MEAN	3/ 4 HI	SOLV PROB	6/ 16 AV	SUF FIXS	2/ 4 AV	SS THNK	8/ 9 HI
WRIT STYL	2/ 3 AV	MISS DATA	3/ 3 HI	STDY SKIL	14/ 17 AV	LIST THNK	2/ 7 LO
CONC NUMB	13/ 16 AV	GRPH CHRT	2/ 6 LO	LIB REF	12/ 14 HI	SCIE THNK	13/ 24 AV
WHOL NUMB	2/ 4 AV	TALY CHRT	2/ 3 AV	GEN REF	2/ 3 AV	SOC THNK	16/ 23 AV
RECG NUMB	6/ 7 AV	IBAR GRPH	0/ 3 LO	INFO SKIL	9/ 13 AV		
PLAC VAL	5/ 5 HI	GEOM MEAS	0/ 12 LO	LOC INFO	6/ 10 AV		
COMP ORDR	2/ 4 AV	GEOM ETRY	0/ 6 LO	ORGN INFO	3/ 3 AV		
FRAC TION	1/ 3 LO	MSR MENT	0/ 6 LO	LIST	11/ 15 HI		
DECI MALS	0/ 11 LO	LANG MECH	4/ 7 LO	VOC	16/ 30 HI		
OPER PROP	0/ 4 LO	CPTL ZATN	11/ 11 HI	LIST COMP	8/ 15 AV		
PROP ERTY	0/ 7 LO	PNCT UATN	5/ 5 HI	RETN TION	8/ 15 LO		
MATH COMP	9/ 12 AV	COM MAS	6/ 6 HI	ORGN ZATN	3/ 3 AV		
+/- WHOL		OTHR PNCT	11/ 12 AV	SCIE	9/ 16 LO		
		APLY GRAM	3/ 3 AV	PHYS SCIE			
		VERB TENS					

RS = Raw Score
 HI = Above Average
 #/# = # correct / # of items

GE = Grade Equivalent
 AV = Average

NCE = Normal Curve Equivalent
 LO = Below Average

PR = National Percentile

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STUDENT : ██████████	STUDENT # : ██████████	DOB : ██████████
TESTPAK : WEST MIFFLIN AREA SCHOOLS	FORM : J	PAGE : 1
TEACHER : MR ██████████	LEVEL : P2	GRADE : 2 SPR
SCHOOL : HONEVILLE ELEM	TEST DATE : 04/28/95	RUN DATE : 05/26/95
DISTRICT : West Mifflin Area School District		
FILENAME : ██████████		

SUBTEST	RS	GE	NCE	PR	NATIONAL PERCENTILE															
					1	2	5	10	20	30	40	50	60	70	80	90	95	98	99	
WORD STUDY SKILLS	35	2.8	50.5	51																
READING VOCABULARY	28	3.0	53.2	56																
READING COMPREHENSION	27	3.0	53.7	57																
TOTAL READING	90	3.0	53.7	57																
CONCEPTS OF NUMBER	26	3.2	57.0	63																
MATH COMPUTATION	24	3.1	52.1	54																
MATH APPLICATIONS	15	1.8	23.0	10																
TOTAL MATHEMATICS	65	2.6	44.1	39																
SPELLING	16	2.4	41.3	34																
LANGUAGE	37	3.5	58.1	65																
ENVIRONMENT	27	2.6	48.9	48																
LISTENING	28	2.3	40.7	33																
BASIC BATTERY TOTAL	236	2.8	48.9	48																
COMPLETE BATTERY TOTAL	263	2.7	48.4	47																

READING GROUP : Regular Instruction
 LANGUAGE ARTS GROUP : Regular Instruction
 MATHEMATICS GROUP : Applications
 COMMUNICATIONS GROUP : Average

---- CONTENT CLUSTER SCORES ----

<p>WORD STUDY SKILLS</p> <p>STRUCTURAL ANALYSIS 10/ 12 LO</p> <p>COMPOUND WORDS 4/ 4 HI</p> <p>INFLECTIONAL ENDINGS 4/ 4 AV</p> <p>CONTRACTIONS 2/ 4 LO</p> <p>PHONETIC ANALYSIS-CONSONANTS 15/ 18 AV</p> <p>SINGLE CONSONANTS 4/ 6 AV</p> <p>CONSONANT CLUSTERS 5/ 6 AV</p> <p>CONSONANT DIGRAPHS 6/ 6 HI</p> <p>PHONETIC ANALYSIS-VOWELS 10/ 18 AV</p> <p>SHORT VOWEL SOUNDS 4/ 6 AV</p> <p>LONG VOWEL SOUNDS 3/ 6 AV</p> <p>OTHER VOWEL SOUNDS 3/ 6 AV</p> <p>READING VOCABULARY</p> <p>SYNONYMS 23/ 32 AV</p> <p>CONTEXT 3/ 4 AV</p> <p>MULTIPLE MEANINGS 2/ 4 AV</p> <p>READING COMPREHENSION</p> <p>RECREATIONAL 11/ 15 AV</p> <p>TEXTUAL 9/ 12 AV</p> <p>FUNCTIONAL 7/ 13 AV</p> <p>CONCEPTS OF NUMBER</p> <p>WHOLE NUMBERS 16/ 20 AV</p> <p>RECOGNIZE NAMES FOR NUMBERS 1/ 4 LO</p> <p>COUNTING 3/ 3 HI</p> <p>PLACE VALUE 6/ 7 AV</p>	<p>COMPARE NUMBERS 6/ 6 HI</p> <p>FRACTIONS 3/ 3 HI</p> <p>OPERATIONS AND PROPERTIES 7/ 11 AV</p> <p>OPERATIONS 3/ 5 AV</p> <p>PROPERTIES 4/ 6 AV</p> <p>MATH COMPUTATION</p> <p>ADDITION/WHOLE NUMBERS 10/ 15 AV</p> <p>ADDITION FACTS 3/ 5 LO</p> <p>ADDITION/NO RENAMING 5/ 6 HI</p> <p>ADDITION/RENAMING 2/ 4 AV</p> <p>SUBTRACTION/WHOLE NUMBERS 9/ 12 AV</p> <p>SUBTRACTION FACTS 2/ 3 AV</p> <p>SUBTRACTION/NO RENAMING 5/ 6 AV</p> <p>SUBTRACTION/RENAMING 2/ 3 HI</p> <p>MULTIPLICATION/WHOLE NUMBERS 4/ 6 HI</p> <p>MULTIPLICATION FACTS 4/ 6 HI</p> <p>DIVISION/WHOLE NUMBERS 1/ 3 AV</p> <p>DIVISION FACTS 1/ 3 AV</p> <p>MATH APPLICATIONS</p> <p>PROBLEM SOLVING 9/ 16 AV</p> <p>SOLUTION SENTENCES 4/ 5 HI</p> <p>SOLVE PROBLEMS 5/ 11 AV</p> <p>GRAPHS 2/ 6 LO</p> <p>PICTOGRAPHS 1/ 3 LO</p> <p>SINGLE BAR GRAPHS 1/ 3 AV</p> <p>GEOMETRY/MEASUREMENT 4/ 13 LO</p>	<p>GEOMETRY 0/ 5 LO</p> <p>MEASUREMENT 4/ 8 LO</p> <p>SPELLING</p> <p>SIGHT WORDS 4/ 6 AV</p> <p>PHONETIC PRINCIPLES 7/ 16 LO</p> <p>CONSONANT SOUNDS 3/ 8 LO</p> <p>VOWEL SOUNDS 4/ 8 AV</p> <p>STRUCTURAL PRINCIPLES 5/ 8 AV</p> <p>LANGUAGE</p> <p>LANGUAGE MECHANICS 19/ 24 AV</p> <p>CAPITALIZATION 8/ 8 HI</p> <p>PUNCTUATION 5/ 8 LO</p> <p>APPLIED GRAMMAR 6/ 8 AV</p> <p>LANGUAGE EXPRESSION 15/ 16 HI</p> <p>STUDY SKILLS/ABC ORDER 3/ 4 AV</p> <p>ENVIRONMENT</p> <p>SOCIAL ENVIRONMENT 13/ 20 AV</p> <p>NATURAL ENVIRONMENT 14/ 20 AV</p> <p>LISTENING</p> <p>VOCABULARY 9/ 15 AV</p> <p>LISTENING COMPREHENSION 19/ 30 AV</p> <p>RETENTION 12/ 15 AV</p> <p>ORGANIZATION 7/ 15 LO</p>
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RS = Raw Score GE = Grade Equivalent NCE = Normal Curve Equivalent PR = National Percentile
 HI = Above Average AV = Average LO = Below Average

INDIVIDUAL TEST RECORD
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STUDENT : ██████████ STUDENT #: ██████████ DOB : ██████████
 TESTPAK WEST MIFFLIN AREA SCHOOL DISTRICT FORM : J PAGE
 TEACHER : MRS ██████████ LEVEL: P1 1
 SCHOOL : HOMEVILLE ELEM GRADE: 1 SPR
 DISTRICT : West Mifflin Area School District TEST DATE 04/28/94
 FILENAME : ██████████ RUN DATE 05/26/94

SUBTEST	RS	GE	NCE	PR	NATIONAL PERCENTILE															
					1	2	5	10	20	30	40	50	60	70	80	90	95	98	99	
WORD STUDY SKILLS	27	1.9	52.1	54																
WORD READING	15	1.4	33.0	21																
READING COMPREHENSION	14	1.4	27.2	14																
TOTAL READING	56	1.5	34.4	23																
CONCEPTS OF NUMBER	22	1.7	45.2	41																
MATH COMPUTATION	23	3.2	71.8	85																
MATH APPLICATIONS	20	1.7	46.8	44																
TOTAL MATHEMATICS	65	2.1	54.8	59																
LANGUAGE	33	2.2	56.4	62																
SPELLING	19	1.7	45.2	41																
ENVIRONMENT	27	1.9	52.1	54																
LISTENING	30	1.9	53.2	56																
BASIC BATTERY TOTAL	203	1.7	46.8	44																
COMPLETE BATTERY TOTAL	230	1.8	45.2	41																

READING GROUP : Word Reading
 LANGUAGE ARTS GROUP : Regular Instruction
 MATHEMATICS GROUP : Regular Instruction
 COMMUNICATIONS GROUP : Average

---- CONTENT CLUSTER SCORES ----

	##		##		##
WORD STUDY SKILLS		COUNTING	3/ 5 AV	LANGUAGE	
STRUCTURAL ANALYSIS	11/ 12 AV	PLACE VALUE	3/ 6 AV	LANGUAGE MECHANICS	19/ 24 AV
COMPOUND WORDS	4/ 4 HI	COMPARE NUMBERS	5/ 7 AV	CAPITALIZATION	5/ 8 AV
INFLECTIONAL ENDINGS	4/ 4 AV	FRACTIONS	3/ 3 HI	PUNCTUATION	8/ 8 HI
CONTRACTIONS	3/ 4 LO	OPERATIONS AND PROPERTIES	4/ 7 LO	APPLIED GRAMMAR	6/ 8 AV
PHONETIC ANALYSIS-CONSONANTS	11/ 12 AV	OPERATIONS	2/ 4 LO	LANGUAGE EXPRESSION	12/ 16 AV
SINGLE CONSONANTS	3/ 4 AV	PROPERTIES	2/ 3 AV	STUDY SKILLS/ABC ORDER	2/ 4 AV
CONSONANT CLUSTERS	4/ 4 AV	MATH COMPUTATION		SPELLING	
CONSONANT DIGRAPHS	4/ 4 AV	ADDITION/WHOLE NUMBERS	12/ 14 HI	SIGHT WORDS	3/ 5 AV
PHONETIC ANALYSIS-VOWELS	5/ 12 AV	ADDITION FACTS	7/ 7 HI	PHONETIC PRINCIPLES	13/ 18 AV
SHORT VOWEL SOUNDS	1/ 4 LO	ADDITION/NO RENAMING	5/ 7 AV	CONSONANT SOUNDS	4/ 8 LO
LONG VOWEL SOUNDS	3/ 4 HI	SUBTRACTION/WHOLE NUMBERS	11/ 12 HI	VOWEL SOUNDS	9/ 10 HI
OTHER VOWEL SOUNDS	1/ 4 LO	SUBTRACTION FACTS	6/ 6 HI	STRUCTURAL PRINCIPLES	3/ 7 AV
WORD READING		SUBTRACTION/NO RENAMING	5/ 6 AV	ENVIRONMENT	
MATCH 3 PRINTED WDS W/PICTUR	15/ 30 LO	MATH APPLICATIONS		SOCIAL ENVIRONMENT	14/ 20 AV
READING COMPREHENSION		PROBLEM SOLVING	9/ 12 AV	NATURAL ENVIRONMENT	13/ 20 AV
TWO-SENTENCE STORIES	4/ 4 AV	SOLVE PROBLEMS	7/ 8 HI	LISTENING	
SHORT READING PASSAGES	6/ 16 LO	SOLUTION SENTENCES	2/ 4 LO	VOCABULARY	9/ 15 AV
SHORT READING PASSAGES W/QUE	4/ 20 LO	GRAPHS	1/ 3 LO	LISTENING COMPREHENSION	21/ 30 AV
CONCEPTS OF NUMBER		GEOMETRY/MEASUREMENT	10/ 15 AV	RETENTION	10/ 15 AV
WHOLE NUMBERS	15/ 24 AV	GEOMETRY	4/ 6 AV	ORGANIZATION	11/ 15 AV
RECOGNIZE NAMES FOR NUMBERS	4/ 6 AV	MEASUREMENT	6/ 9 AV		

RS = Raw Score GE = Grade Equivalent NCE = Normal Curve Equivalent PR = National Percentile
 HI = ABOVE AVERAGE AV = AVERAGE LO = BELOW AVERAGE

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STUDENT : ██████████ A STUDENT #: 209709096 DOB : ██████████
 TESTPAK : West Mifflin Area School District FORM : J PAGE
 TEACHER : MRS ██████████ LEVEL: SE1 1
 SCHOOL : HOMEVILLE ELEM GRADE: K SPR
 DISTRICT : WEST MIFFLIN AREA SCHOOL DISTRICT TEST DATE 04/14/93
 FILENAME : ██████████ RUN DATE 05/28/93

SUBTEST	RS	GE	NCE	PR	NATIONAL PERCENTILE																
					1	2	5	10	20	30	40	50	60	70	80	90	95	98	99		
SOUNDS & LETTERS	42	.9	54.8	59												*					
WORD READING	27	1.4	71.8	85													*				
TOTAL READING	69	1.2	67.7	80													*				
MATHEMATICS	37	1.3	65.6	77													*				
ENVIRONMENT	36	3.1	84.6	95																*	
LISTENING	43	4.1	93.3	98																*	
BASIC BATTERY TOTAL	149	1.4	78.2	91																*	
COMPLETE BATTERY TOTAL	185	1.5	81.1	93																*	



--- OBJECTIVE MASTERY SCORES ---

SOUNDS & LETTERS		DECODING	6/ 6 HI	NATURAL ENVIRONMENT	19/ 20 HI
AUDITORY DISCRIMINATION	4/ 8 LO	ENCODING	6/ 6 AV	LISTENING	
LIKE SOUNDS	2/ 3 LO	WORD READING		VOCABULARY	14/ 15 HI
UNLIKE SOUNDS	2/ 5 LO	MATCH PRINTED WD W/SPOKEN WD	13/ 15 AV	LISTENING COMPREHENSION	29/ 30 HI
AUDITORY PERCEPTION	15/ 16 AV	MATCH PRINTED WD W/PICTURE	14/ 15 HI	RETENTION	15/ 15 HI
BEGINNING SOUNDS	8/ 8 HI	MATHEMATICS		PURPOSE GIVEN IN ADVANCE	5/ 5 HI
ENDING SOUNDS	7/ 8 AV	NUMERATION	17/ 21 AV	PURPOSE NOT GIVEN IN ADVANCE	10/ 10 HI
VISUAL DISCRIMINATION	6/ 6 AV	PROBLEM SOLVING		ORGANIZATION	14/ 15 HI
LETTERS	2/ 2 AV	GEOMETRY	6/ 6 AV	PURPOSE GIVEN IN ADVANCE	5/ 5 HI
WORDS	4/ 4 AV	MEASUREMENT	8/ 9 HI	PURPOSE NOT GIVEN IN ADVANCE	9/ 10 AV
SYMBOL PERCEPTION	17/ 18 AV	ENVIRONMENT			
LETTER RECOGNITION	5/ 6 AV	SOCIAL ENVIRONMENT	17/ 20 HI		

RS = RAW SCORE GE = GRADE EQUIVALENT NCE = NORMAL CURVE EQUIVALENT PR = PERCENTILE
 M = MASTERY HI = ABOVE AVERAGE AV = AVERAGE LO = BELOW AVERAGE
 #/# = # correct / # of items

TEACHER: MRS [REDACTED]
 SCHOOL: WEST MIFFLIN MIDDLE
 DISTRICT: West Mifflin 2000

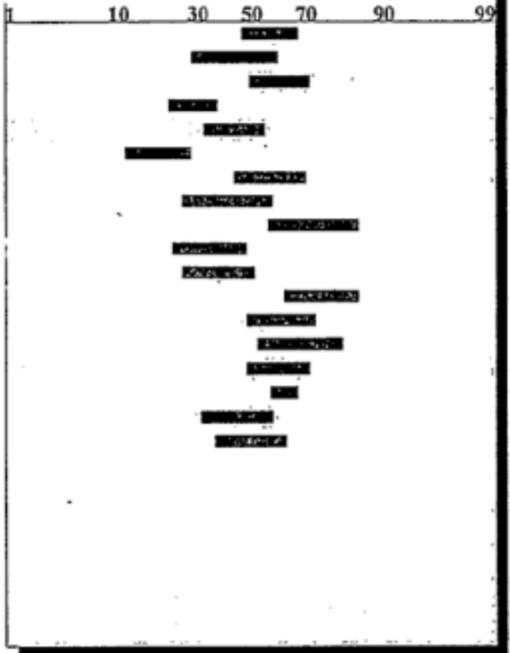
GRADE: 07
 TEST DATE: 10/04/99
 RUN DATE: 11/19/99

STUDENT REPORT
 FOR [REDACTED]

DOB: [REDACTED]
 Student No: [REDACTED]

SUBTESTS AND TOTALS	No. of Items	Raw Score	Grade Equiv	National NCE	National PR-S
Total Reading	84	64	7.7	53.7	57.5
Reading Vocabulary	30	22	7.1	46.8	44.5
Reading Comprehension	54	42	8.3	55.9	61.6
Total Mathematics	78	43	5.9	37.7	28.4
Math: Problem Solving	48	30	7.2	46.3	43.5
Math: Procedures	30	13	5.2	30.7	18.3
Language	48	33	8.2	54.8	59.5
Language Mechanics	24	15	6.7	44.7	40.5
Language Expression	24	18	10.3	62.9	73.6
Spelling	30	19	6.0	41.3	34.4
Study Skills	30	18	5.7	43.0	37.4
Science	40	30	10.1	64.9	76.6
Social Science	40	26	8.8	55.9	61.6
Listening	40	31	9.2	59.8	68.6
Using Information	69	48	8.3	55.9	61.6
Thinking Skills	229	161	8.7	56.4	62.6
Basic Battery	310	208	7.2	47.3	45.5
Complete Battery	390	264	7.7	49.9	50.5

National Grade Percentile Bands



CONTENT CLUSTERS	RS/	NP/	NA	Below Average		Above Average	
				Average	Average	Average	Average
Reading Vocabulary	22/	30/	30		X		
Synonyms	12/	16/	16		X		
Context	3/	7/	7	X			
Multiple Meanings	7/	7/	7		HX		
Reading Comprehension	42/	54/	54		X		
Recreational	12/	18/	18		X		
Textual	16/	18/	18			X	
Functional	14/	18/	18		X		
Initial Understanding	10/	12/	12		X		
Interpretation	17/	24/	24		X		
Critical Analysis	8/	9/	9			X	
Process/Strategies	7/	9/	9		X		
Math: Problem Solving	30/	48/	47		X		
Measurement	4/	6/	6		X		
Estimation	3/	4/	4		X		
Problem-Solving Strategies	4/	5/	5		X		
Number & No. Relationships	3/	6/	6	X			
Number Systems & No. Theory	3/	5/	5		X		
Patterns & Functions	1/	3/	3	X			
Algebra	1/	3/	3	X			
Statistics	5/	6/	6			X	
Probability	2/	3/	3		X		
Geometry	4/	7/	6		X		
Math: Procedures	13/	30/	30	X			
Computation/Symbolic Notation	2/	10/	10	X			
Computation in Context	9/	16/	16		X		
Rounding	2/	4/	4	X			
Language	33/	48/	47		X		
Capitalization	5/	8/	8		X		
Punctuation	6/	8/	8		X		
Usage	4/	8/	8		X		
Sentence Structure	8/	12/	12		X		
Content and Organization	10/	12/	11			X	

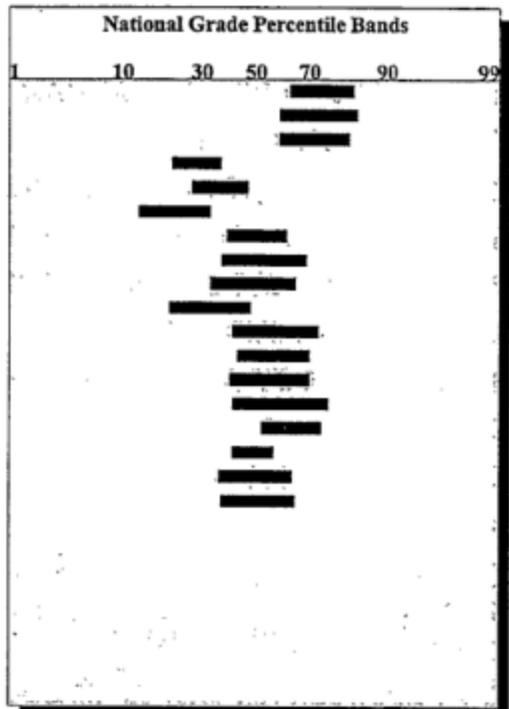
CONTENT CLUSTERS	RS/	NP/	NA	Below Average		Above Average	
				Average	Average	Average	Average
Spelling	19/	30/	30			X	
Homophones	5/	5/	5				X
Phonetic Principles	5/	10/	10	X			
Structural Principles	8/	10/	10		X		
No Mistake	1/	5/	5	X			
Study Skills	18/	30/	30			X	
Library/Reference Skills	10/	17/	17			X	
Information Skills	8/	13/	13			X	
Science	30/	40/	39			X	
Earth & Space Science	9/	12/	12			X	
Physical Science	8/	14/	13			X	
Life Science	13/	14/	14				X
Science/Process Skills	23/	30/	29			X	
Social Science	26/	40/	40			X	
History	6/	10/	10			X	
Geography	5/	9/	9			X	
Civics & Government	6/	8/	8			X	
Economics	7/	8/	8				X
Culture	2/	5/	5			X	
Listening	31/	40/	40			X	
Vocabulary	8/	10/	10			X	
Comprehension	23/	30/	30			X	
Recreational	9/	10/	10				X
Informational	4/	10/	10	X			
Functional	10/	10/	10				X
Initial Understanding	9/	10/	10			X	
Interpretation	8/	14/	14			X	
Critical Analysis/Strategies	6/	6/	6				X
Using Information	48/	69/	68			X	
Thinking Skills	161/	229/	227			X	

TEACHER: *****
 SCHOOL: *****
 DISTRICT: West Mifflin 2001

GRADE: 08
 TEST DATE: 10/18/00
 RUN DATE: 10/26/00

STUDENT REPORT FOR
 [REDACTED]
 [REDACTED]
 [REDACTED]
DOB: [REDACTED]
Student No: [REDACTED]

SUBTESTS AND TOTALS	No. of Items	Raw Score	Grade Equiv	National NCE	National PR-S
Total Reading	84	70	12.6	63.5	74.6
Reading Vocabulary	30	26	PHS	63.5	74.6
Reading Comprehension	54	44	11.3	62.3	72.6
Total Mathematics	80	35	6.8	38.3	29.4
Math: Problem Solving	50	24	7.3	43.0	37.4
Math: Procedures	30	11	6.1	33.7	22.3
Language	48	31	8.6	50.0	50.5
Language Mechanics	24	16	8.9	51.6	53.5
Language Expression	24	15	8.2	49.5	49.5
Spelling	30	19	7.4	40.7	33.4
Study Skills	30	22	9.4	53.7	57.5
Science	40	26	9.3	54.3	58.5
Social Science	40	23	9.2	54.3	58.5
Listening	40	30	9.7	56.4	62.6
Using Information	73	51	9.5	57.5	64.6
Thinking Skills	239	149	8.4	48.9	48.5
Basic Battery	312	207	9.0	50.4	51.5
Complete Battery	392	256	9.3	51.2	52.5



CONTENT CLUSTERS	RS/	NP/	NA	Below Average		Above Average	
				Average	Average	Average	Average
Reading Vocabulary	26/	30/	30/		X		
Synonyms	14/	16/	16/		X		
Context	6/	7/	7/		X		
Multiple Meanings	6/	7/	7/			X	
Reading Comprehension	44/	54/	54/		X		
Recreational	17/	18/	18/			X	
Textual	11/	18/	18/		X		
Functional	16/	18/	18/			X	
Initial Understanding	8/	10/	10/		X		
Interpretation	22/	24/	24/			X	
Critical Analysis	8/	10/	10/		X		
Process Strategies	6/	10/	10/		X		
Math: Problem Solving	24/	50/	38/		X		
Measurement	2/	5/	4/		X		
Estimation	0/	6/	0/	X			
Problem-Solving Strategies	0/	5/	0/	X			
Number & No. Relationships	3/	6/	6/		X		
Number Systems & No. Theory	3/	4/	4/		X		
Patterns & Functions	3/	3/	3/			X	
Algebra	2/	4/	4/		X		
Statistics	3/	5/	5/		X		
Probability	2/	3/	3/		X		
Geometry	6/	9/	9/		X		
Math: Procedures	11/	30/	28/	X			
Computation/Symbolic Notation	4/	8/	8/		X		
Computation in Context	5/	18/	16/	X			
Rounding	2/	4/	4/		X		
Language	31/	48/	48/		X		
Capitalization	5/	8/	8/		X		
Punctuation	3/	8/	8/	X			
Usage	8/	8/	8/			X	
Sentence Structure	4/	12/	12/	X			
Content and Organization	11/	12/	12/			X	

CONTENT CLUSTERS	RS/	NP/	NA	Below Average		Above Average	
				Average	Average	Average	Average
Spelling	19/	30/	30/			X	
Homophones	2/	5/	5/			X	
Phonetic Principles	8/	10/	10/			X	
Structural Principles	6/	10/	10/			X	
No-Mistake	3/	5/	5/			X	
Study Skills	22/	30/	30/			X	
Library/Reference Skills	8/	13/	13/			X	
Information Skills	14/	17/	17/				X
Science	26/	40/	40/			X	
Earth & Space Science	9/	12/	12/			X	
Physical Science	9/	14/	14/			X	
Life Science	8/	14/	14/			X	
Science Process Skills	20/	30/	30/			X	
Social Science	23/	40/	40/			X	
History	6/	10/	10/			X	
Geography	3/	9/	9/			X	
Civics & Government	5/	8/	8/			X	
Economics	6/	8/	8/			X	
Culture	3/	5/	5/			X	
Listening	30/	40/	40/			X	
Vocabulary	8/	10/	10/			X	
Comprehension	22/	30/	30/			X	
Recreational	8/	10/	10/			X	
Informational	6/	10/	10/			X	
Functional	8/	10/	10/			X	
Initial Understanding	8/	10/	10/			X	
Interpretation	9/	14/	14/			X	
Critical Analysis/Strategies	5/	6/	6/			X	
Using Information	51/	73/	73/			X	
Thinking Skills	149/	239/	225/			X	

SAT9 LEVEL/FORM: ADVANCED 1 / S
 NORMS: Fall 1995 National Norms

Report generated by TESTPAK™ Version 6.1.44 for
 West Mifflin Area School District

TEST: S8J9 J 11	A	STUDENT #: [REDACTED]	BIRTHDATE: [REDACTED]	GRADE : 4	SCHOOL: HOMEVILLE ELEM	ABILITIES TEST:															
TESTDATE : 04/14/97		TEACHER : MRS [REDACTED]				OLS6 1 E															
READ	READ	TOTL	CONC	MATH	MATH	TOTL	LANG	LANG	TOTL	SPEL	LIST	BASE	SCIE	SOCL	COMP	USNG	THNK				
VOC	COMP	READ	NUMB	COMP	APPL	MATH	MECH	EXPR	LANG	SKIL	BATT	SCIE	BATT	INFO	SKIL	PRG	VRBL	NON	TOTL		
5.0	5.5	5.3	4.3	4.7	2.8	4.1	8.5	6.5	7.1	4.2	6.0	4.6	4.6	5.0	6.9	4.8	5.3	4.8	21	35	27
54	63	60	31	47	15	29	78	60	69	38	64	45	46	51	70	49	56	50	3	4	4
59	5	6	6	4	5	3	4	7	6	6	4	6	5	5	6	5	5	5	94	98	95

TEST: S9 S 12	STUDENT #: [REDACTED]	BIRTHDATE: [REDACTED]	TEACHER : [REDACTED]	GRADE : Grade 5	SCHOOL : HOMEVILLE ELEMEN												
TESTDATE : 4/22/98																	
Total	Read	Read	Total	Prob	Math	Lang	Lang	Lang	Spell	Study	Sci-	Soc	List-	Using	Thnkg	Basic	Comp
Read	Vocab	Comp	Math	Solve	Proc		Mech	Exp		Skls	ence	Scie	ening	Info	Skls	Batt	Batt
8.2	7.1	8.9	5.5	5.2	6.0	6.4	5.1	7.6	5.2	8.3	7.6	PHS	6.7	7.8	7.7	6.6	6.9
78	66	81	42	38	53	55	43	64	40	67	65	93	59	68	71	58	63
7	6	7	5	4	5	5	5	6	5	6	6	8	5	6	6	5	6

ACHIEVEMENT TEST SERIES, NINTH EDITION with OTIS-LENNON SCHOOL ABILITY TEST, SEVENTH EDITION

Age: 11-10	Gender: Female	Level/Form: 13/S	Norms: 95	ID#: [REDACTED]	Grade: 06	Test Date: 4/23/99	School: [REDACTED]	Teacher: [REDACTED]	Level/Form: F/3	Norms: 95 Spring National												
Score Type	Total Read	Read Vocab	Read Comp	Total Math	Prob Solve	Math Proc	Lang	Lang Mech	Lang Exp	Spell	Study Skls	Sci-ence	Soc Scie	List-ening	Using Info	Thnkg Skls	Basic Batt	Comp Batt	Score Type	Total	Verbl	Non-Verbl
GE	7.7	8.8	7.4	5.8	5.3	6.5	8.2	9.2	7.4	6.9	8.7	11.1	8.1	8.5	8.6	8.7	7.2	7.7	N/PR-S	53-5	55-5	51-5
N/PR-S	66-6	77-7	59-5	38-4	35-4	46-5	66-6	73-6	57-5	52-5	69-6	85-7	64-6	63-6	74-6	62-6	45-5	50-5	SAI	103	104	102

ACHIEVEMENT TEST SERIES, NINTH EDITION

Age: 12-1	Gender: Female	Level/Form: 13/S	Norms: 95	ID#: [REDACTED]	Grade: 07	Test Date: 10/4/99	School: WEST MIFFLIN MIDDLE	Teacher: [REDACTED]										
Score Type	Total Read	Read Vocab	Read Comp	Total Math	Prob Solve	Math Proc	Lang	Lang Mech	Lang Exp	Spell	Study Skls	Sci-ence	Soc Scie	List-ening	Using Info	Thnkg Skls	Basic Batt	Comp Batt
GE	7.7	7.1	8.3	5.9	7.2	5.2	8.2	6.7	10.3	6.0	5.7	10.1	8.8	9.2	8.3	8.7	7.2	7.7
N/PR-S	57-5	44-5	61-6	28-4	43-5	18-3	59-5	40-5	73-6	34-4	37-4	76-6	61-6	68-6	61-6	62-6	45-5	50-5

ACHIEVEMENT TEST SERIES, NINTH EDITION with OTIS-LENNON SCHOOL ABILITY TEST, SEVENTH EDITION

Age: 13-4	Gender: Female	Level/Form: A1/S	Norms: 95	ID#: [REDACTED]	Grade: 08	Test Date: 10/18/00	School: WEST MIFFLIN MIDDLE	Teacher: [REDACTED]	Level/Form: F/3	Norms: 95 Fall National												
Score Type	Total Read	Read Vocab	Read Comp	Total Math	Prob Solve	Math Proc	Lang	Lang Mech	Lang Exp	Spell	Study Skls	Sci-ence	Soc Scie	List-ening	Using Info	Thnkg Skls	Basic Batt	Comp Batt	Score Type	Total	Verbl	Non-Verbl
GE	12.6	PHS	11.3	6.8	7.3	6.1	8.6	8.9	8.2	7.4	9.4	9.3	9.2	9.7	9.5	9.4	7.2	7.7	N/PR-S	40-5	50-5	31-4
N/PR-S	74-6	74-6	72-6	29-4	37-4	22-3	50-5	53-5	49-5	33-4	57-5	58-5	58-5	62-6	64-6	62-6	45-5	50-5	SAI	99	104	97

Group Testing Labels

K
↓
8

STUDENT #: [REDACTED] BIRTHDATE: [REDACTED] GRADE : K
 TEST: S8J9 J SE1 TESTDATE : 04/14/93 TEACHER : MRS [REDACTED] SCHOOL: HOMEVILLE ELEM

	SND	WORD	TOTL	MATH	ENVR	LIST	BASE	COMP
	LETR	READ	READ	MENT	BATT	BATT		
GE	.9	1.4	1.2	1.3	3.1	4.1	1.4	1.5
PR	59	85	80	77	95	98	91	93
S9	5	7	7	7	8	9	8	8

STUDENT #: [REDACTED] BIRTHDATE: [REDACTED] GRADE : 1
 TEST: S8J9 J P1 TESTDATE : 04/28/94 TEACHER : MRS [REDACTED] SCHOOL: HOMEVILLE ELEM

	WORD	WORD	READ	TOTL	CONC	MATH	MATH	TOTL	LANG	SPEL	ENVR	LIST	BASE	COMP
	STDY	READ	COMP	READ	NUMB	COMP	APPL	MATH		MENT		BATT	BATT	
GE	1.9	1.4	1.4	1.5	1.7	3.2	1.7	2.1	2.2	1.7	1.9	1.9	1.7	1.8
PR	54	21	14	23	41	85	44	59	62	41	54	56	44	41
S9	5	3	3	4	5	7	5	5	6	5	5	5	5	5

TEST: OLS6 [REDACTED] A
 VRBL NON B
 VRBL
 GPR 32 63 48
 GS9 4 6 5
 SAI 97 111 105

STUDENT #: [REDACTED] BIRTHDATE: [REDACTED] GRADE : 2
 TEST: S8J9 J P2 TESTDATE : 04/28/95 TEACHER : MR [REDACTED] SCHOOL: HOMEVILLE ELEM

	WORD	READ	READ	TOTL	CONC	MATH	MATH	TOTL	SPEL	LANG	ENVR	LIST	BASE	COMP
	STDY	VOC	COMP	READ	NUMB	COMP	APPL	MATH		MENT		BATT	BATT	
GE	2.8	3.0	3.0	3.0	3.2	3.1	1.8	2.6	2.4	3.5	2.6	2.3	2.8	2.7
PR	51	56	57	57	63	54	10	39	34	65	48	33	48	47
S9	5	5	5	5	6	5	2	4	4	6	5	4	5	5

STUDENT #: [REDACTED] BIRTHDATE: [REDACTED] GRADE : 2
 TEST: OLS6 [REDACTED] C
 TESTDATE : 04/28/95 TEACHER : [REDACTED] SCHOOL: HOMEVILLE ELEM

	VRBL	NON	TOTL
	VRBL		
GPR	55	59	58
GS9	5	5	5
SAT	106	108	107

STUDENT #: [REDACTED] BIRTHDATE: [REDACTED] GRADE : 3
 TEST: S8J9 J P3B TESTDATE : 04/15/96 TEACHER : MRS [REDACTED] SCHOOL: HOMEVILLE ELEM

	WORD	READ	READ	TOTL	CONC	MATH	MATH	TOTL	LANG	LANG	TOTL	SPEL	STDY	LIST	BASE	SCIE	SOCL	TOTL	USNG	THNK
	STDY	VOC	COMP	READ	NUMB	COMP	APPL	MATH	MECH	EXPR	LANG		SKIL	BATT	SCIE	BATT	INFO	SKIL		
GE	4.9	5.0	7.3	5.5	3.6	5.4	4.8	4.6	5.7	4.7	5.0	3.8	7.5	8.5	5.2	6.5	5.2	5.2	5.6	5.3
PR	65	66	83	76	45	80	68	68	76	61	69	50	86	95	76	84	75	79	81	72
S9	6	6	7	6	5	7	6	6	6	6	6	5	7	8	6	7	6	7	7	6

Grades K - 8

Grade Enrolled	K	1	2
Reading		B	A
Spelling		B	A
Writing		B	B
Mathematics		B	A
English		B	B
Social Studies		S	S
Science		S	S
Art		B	A
Vocal Music		B	B
Phys. Ed.		B	A
Health		S	S
Library		B	A
Instr. Music			
A.C.E.			
Computer			
Days Absent	10	8	9
Times Tardy	0	0	0

Teacher's Name

CRS NAME	GRD	EARN	ATT	QP
READING	B	1.00	1.00	3.000
SPELLING	C	1.00	1.00	2.000
HANDWRITING	B	1.00	1.00	3.000
MATH	C	1.00	1.00	2.000
ENGLISH	C	1.00	1.00	2.000
SOCIAL STUDI	B	1.00	1.00	3.000
SCIENCE	B	1.00	1.00	3.000
ART	A	1.00	1.00	4.000
MUSIC	A	1.00	1.00	4.000
PHYS ED	A	1.00	1.00	4.000
HEALTH	B	1.00	1.00	3.000
LIBRARY	B	1.00	1.00	3.000

TOTAL 12.0012.00 36.000
 QPA 3.000 ABS 14.0 TDY 0

[REDACTED]

CRS NAME	GRD	EARN	ATT	QP
[REDACTED]	4			

CRS NAME	GRD	EARN	ATT	QP
READING	B	1.00	1.00	3.000
SPELLING	A	1.00	1.00	4.000
HANDWRITING	B	1.00	1.00	3.000
MATH	B	1.00	1.00	3.000
ENGLISH	B	1.00	1.00	3.000
SOCIAL STUDI	A	1.00	1.00	4.000
SCIENCE	B	1.00	1.00	3.000
ART	B	1.00	1.00	3.000
MUSIC	A	1.00	1.00	4.000
PHYS ED	A	1.00	1.00	4.000
HEALTH	B	1.00	1.00	3.000
LIBRARY	A	1.00	1.00	4.000

TOTAL 12.0012.00 41.0000
 QPA 3.417 ABS 21.5 TDY 2

[REDACTED]

CRS NAME	GRD	EARN	ATT	QP
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READING	B	1.00	1.00	3.000
SPELLING	B	1.00	1.00	3.000
HANDWRITING	B	1.00	1.00	3.000
MATH	B	1.00	1.00	3.000
ENGLISH	B	1.00	1.00	3.000
SOCIAL STUDI	B	1.00	1.00	3.000
SCIENCE	B	1.00	1.00	3.000
ART	A	1.00	1.00	4.000
MUSIC	A	1.00	1.00	4.000
PHYS ED	B	1.00	1.00	3.000
HEALTH	A	1.00	1.00	4.000
LIBRARY	A	1.00	1.00	4.000
COMPUTER CLA		0.00	0.00	N/A
PORTFOLIO MA		0.00	0.00	N/A

TOTAL 12.0012.00 40.0000
 QPA 3.333 ABS 13.0 TDY 0

CRS NAME	GRD	EARN	ATT	QP
LIBRARY	P	1.00	0.00	N/A
READING 6	B	1.00	1.00	3.000
LANG ARTS 6	B	1.00	1.00	3.000
SOC STDY 6	B	1.00	1.00	3.000
ARITHMETIC 6	C	1.00	1.00	2.000
SCIENCE 6	C	1.00	1.00	2.000
KEYBOARDING-	C	1.00	1.00	2.000
UNI ARTS-6	B	1.00	1.00	3.000
PHY ED 6	A	0.60	0.60	2.400
HEALTH 6	B	0.40	0.40	1.200

TOTAL 9.00 8.00 21.6000
 QPA 2.700 ABS 12.0 TDY 5

[REDACTED]

CRS NAME	GRD	EARN	ATT	QP
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READING 7	B	1.00	1.00	3.000
LANG ARTS 7	B	1.00	1.00	3.000
SOC STDY 7	B	1.00	1.00	3.000
CONT MATH 7A	D	1.00	1.00	1.000
SCIENCE 7	C	1.00	1.00	2.000
KEYBOARDING	C	1.00	1.00	2.000
UNI ARTS-7	A	1.00	1.00	4.000
PHY ED 7	B	0.60	0.60	1.800
HEALTH 7	B	0.40	0.40	1.200

TOTAL 8.00 8.00 21.0000
 QPA 2.625 ABS 15.0 TDY 1

rade 8

2000-2001

MAINTAIN STUDENT DATA BASE

Version 4.1.8

D A I L Y A T T E N D A N C E P A G E

Sch-24 Grd-8 Hrm-S216 Last let-00/00/00 Active

(Enter a 'T' to display Tardy Times)

09/15/00-E	09/26/00-E	09/27/00-E	10/09/00-E	10/10/00-E	10/11/00-E
11/09/00-E5P	11/20/00-E	11/21/00-E	11/22/00-E	12/11/00-E5A	12/18/00-E5P
01/08/01-E	01/22/01-ER	01/29/01-E	01/31/01-E5A	02/05/01-E5A	02/26/01-I
03/06/01-E	03/07/01-E	03/13/01-E	03/14/01-E	03/16/01-E5A	03/23/01-E
04/23/01-TE	05/01/01-E	05/04/01-E5P	05/31/01-TE		

YTD ATTENDANCE TOTALS ARE AS FOLLOWS:

EXCUSED ABS (E):	20.5	MEDICAL ABS (M):	0.0	EXCUSED TDY (TE):	2
UNEXCUSED ABS (U):	0.0	OUT OF SCHOOL (OSS):	0.0	UNEXCUSED TDY (TU):	0
ILLEGAL ABS (I):	1.0	OTHER ABS (O):	0.0		
TOTAL ABSENCES:	21.5			TOTAL TARDIES:	2

Enter: Bus, Class, Discip., Enroll., General, Special, User De, X-Guid, Z-Sched
P-Print, or <ENTER-To Exit> ?

2000-2001

MAINTAIN STUDENT DATA BASE

Version 4.1.8

S C H E D U L E and G R A D E S

SCH-24 GRD-8

PHONE#

CRS-SEC	COURSE NAME	SEM	PD	DAYS	ROOM	TEACHER	1ST	2ND	3RD	4TH	FIN
0358-001	PRE ALG 8	3	01	ALL	S204		C	D	D		
0501-006	EXP FR LANG	3	02	ALL	S205			C	B		
0208-002	AM HISTORY 8	3	03	ALL	S212		D	B	C		
0408-012	SCIENCE 8	3	04	ALL	S105		D	C	C		
0849-001	HOME EC 8	1	05	ALL	S211		B	B			B
0701-007	ART/MUS LAB 8	2	05	ALL	S206				A		
0148-008	LANG ARTS 8	3	06	ALL	S201		B	A	B		
0918-005	HEALTH 8	3	07	MT	LG10		B	A	B		
0908-005	PHY ED 8	3	07	MTF	SGYM		A	A	B		
0000-040	STUDY HALL	1	08	ALL	LG10						
0000-080	STUDY HALL	2	08	ALL	LG10						

Enter: Attend., Bus, Class, Discip., Enroll., General, Special, User De, X-Guid
P-Print, or <ENTER-To Exit> ?

Baker Chiropractic & Rehabilitation

[REDACTED]

West Mifflin, P.A. 15122

Phone (

[REDACTED]

[REDACTED]

April 30, 2001

RE: [REDACTED]

To Whom It May Concern:

[REDACTED] is currently under our care for injuries she sustained to her R hip. At this stage it is recommended that [REDACTED] stay off of her hip as much as possible. [REDACTED] is also advised to not run or train at this time because of the serious nature of her injury.

Please contact our office if any further information is needed regarding this case.

[REDACTED]

Name [REDACTED] Birthdate [REDACTED]
 Address [REDACTED] Parent or Guardian [REDACTED]
 Telephone [REDACTED]
 Please Circle Present Grade: (K) (1) (2) (3) (4) (5) (6) (7) (8) 9 10 11 12 Sp. Ed.

PENNSYLVANIA DEPARTMENT OF HEALTH - CERTIFICATE OF IMMUNIZATION

The Minimum Required Doses for the School Immunization Law are Shaded in Green (see exception for Polio)

VACCINE	ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN		
	DOSES		
Diphtheria and Tetanus*	[REDACTED]		
Polio**	[REDACTED]		
Measles (Hard, Red)	[REDACTED]	or Measles Serology:	Date Titer
Rubella (German Measles)	[REDACTED]	or Rubella Serology:	Date Titer
Mumps	[REDACTED]	or Mumps disease diagnosed by a physician: Date	
Other: [REDACTED]	Other: / /	Other: / /	
* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td			
** Polio - 3 doses of Oral or 4 doses of Inactivated (Salk) vaccine are required			
To the best of my knowledge, this child has received the minimum required immunizations. Source: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Both			
Signed [REDACTED]	Date <u>3-31-92</u>		
[REDACTED] HEALTH OFFICIAL, SCHOOL NURSE, OR THEIR DESIGNEE			

06/30/87

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DENTAL HEALTH

SCHOOL DENTAL HEALTH RECORD

SCHOOL DISTRICT				COUNTY	DATE OF BIRTH	
NAME OF STUDENT LAST		FIRST	MIDDLE	GRADE	SEX	RACE
HOME ADDRESS		TELEPHONE NO.		M	<input type="checkbox"/>	W <input type="checkbox"/>
				F	<input type="checkbox"/>	Non-W <input type="checkbox"/>

THE ABOVE INFORMATION SHOULD BE FILLED IN BEFORE THE EXAMINATION OR EVALUATION

Record on Dental Chart d (decayed), e (indicated for extraction), and f (filled) for deciduous teeth and D (Decayed), M (Missing), and F (Filled) for permanent teeth.

TOOTH CHART

RIGHT

LEFT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER				A	B	C	D	E	F	G	H	I	J				Upper
LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
				T	S	R	Q	P	O	N	M	L	K				
3 RD First Exam.	Upper						M										Upper
1-30-96	Lower																Lower
7 TH Second Exam.	Upper																Upper
9/1/00	Lower																Lower
Third Exam.	Upper																Upper
	Lower																Lower
Fourth Exam.	Upper																Upper
	Lower																Lower
Fifth Exam.	Upper																Upper
	Lower																Lower

STUDENT REFERRAL

DATE	EXAMINED OR EVALUATED BY	REFERRED TO	REMARKS
1-30-96	[REDACTED]		

PREMIER PEDIATRIC ASSOCIATES
EAST SUBURBAN MEDICAL ASSOCIATES - PEDIATRICS

[Redacted]

Name [Redacted]

1. Please excuse from School/Work/Sports participation due to medical necessity.

Indicated Dates: *No Gym For month of February
Pt has Moxo please allow her*

2. Please administer the following medication(s): *to attend school as tolerated.*

Drug:
Dose:
Time:

[Redacted] M.D.
Date [Redacted]

1569 9/98

EAST SUBURBAN MEDICAL ASSOCIATES, INC.
PEDIATRICS

3520 LAKETON ROAD
PITTSBURGH, PA 15235
(412) 371-6414

40 LINCOLN WAY
NORTH HUNTINGDON, PA 15642
(412) 864-7712

CERTIFICATE OF HEALTH

January 31, 2001

This is to certify that [Redacted]

is free of any contagious or infectious disease and has my permission to attend school.

[Redacted Signature]

[REDACTED] WAS diagnose in 1990 to have

(A recurrent virus)

on her [REDACTED] She is under the care of

(Pediatric Ophthalmology and Strabismus)

She approx. has 2 or 3 recurrences a year.

I keep her prescriptions - [REDACTED] eye drops on hand - at all times and immediately use them if any blisters appear.

This is NOT Pink EYE.

Please Do NOT attempt to wipe her eye and remove her ointment.

Her Doctor said she can attend school.

If you have any questions please call me.

Thank You.

Mrs. [REDACTED]

Significant Medical Conditions (✓)

- Allergies
- Asthma
- Cardiac
- Chemical Dependency
- Drugs
- Alcohol
- Diabetes Mellitus
- Gastrointestinal Disorder
- Hearing Disorder
- Hypertension
- Neuromuscular Disorder
- Orthopedic Condition
- Respiratory Illness
- Seizure Disorder
- Skin Disorder
- Vision Disorder
- Other (Specify)

No. If Yes, Explain

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Report of Physical Examination (✓)

	Normal	Abnormal	If Abnormal, Explain
• Height (inches)	✓		
• Weight (pounds)	✓		
• Pulse ()	✓		
• Blood Pressure	✓		
• Hair/Scalp	✓		
• Skin	✓		
• Eyes — Visual Acuity R <u> </u> L <u> </u>	✓		
• Eyes — Color Vision	✓		
• Ears — Hearing dB R L	✓		
• Nose and Throat	✓		
• Teeth and Gingiva	✓		
• Lymph Glands	✓		
• Heart — Murmur, etc.	✓		
• Lung — Adventitious Findings	✓		
• Abdomen	✓		
• Genitalia	✓		
• Neuromuscular System	✓		
• Extremities	✓		
• Spine (Presence of Scoliosis)		✓	Mild

Date of Examination: 1/13/10

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Chemical Dependency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gastrointestinal Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hearing Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Neuromuscular Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Orthopedic Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Respiratory Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Seizure Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Skin Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Vision Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Report of Physical Examination (✓)

	Normal	Abnormal	If Abnormal, Explain
• Height (inches)	✓		
• Weight (pounds)	✓		
• Pulse ()	✓		
• Blood Pressure	✓		
• Hair/Scalp	✓		
• Skin	✓		
• Eyes — Visual Acuity R <u> </u> / <u> </u> L <u> </u> / <u> </u>			
• Eyes — Color Vision			
• Ears — Hearing dB R L			
• Nose and Throat	✓		
• Teeth and Gingiva	✓		
• Lymph Glands	✓		
• Heart — Murmur, etc.	✓		
• Lung — Adventitious Findings	✓		
• Abdomen	✓		
• Genitalia	✓		
• Neuromuscular System	✓		
• Extremities	✓		
• Spine (Presence of Scoliosis)	✓		

2-14-92

Date of Examination

Address

"I have read, or have had explained to me information about the diseases and the vaccines listed below. I believe I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named below whom I am authorized to make this request."

Patient of Parent/Guardian Signature _____

Vaccine	Date Given m/d/y	Age	Site*	Source of Vaccine (F, S, P)**	Vaccine Manufacturer	Vaccine Lot Number	Vaccine Information Materials Publ. Date	Initials***	Parent/Guardian Initials***
DT DTP 1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DT DTP 2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DT DTP 3	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DT DTP DTaP 4	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DT DTP DTaP 5	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DTP-Hib 1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DTP-Hib 2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DTP-Hib 3	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
DTP-Hib 4	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hib 1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hib 2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hib 3	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hib 4	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Td 1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Td 2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
OPV IPV 1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
OPV IPV 2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
OPV IPV 3	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
OPV IPV 4	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
MMR 1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
MMR 2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hep B 1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hep B 2	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Hep B 3	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Signature of Vaccine Administrator or Parent/Guardian _____

***Site Given Legend**

- RA = Right Arm
- LA = Left Arm
- RT = Right Thigh
- LT = Left Thigh
- O = Oral

**F = Federal, S = State, P = Private

***Initials _____

(Use reverse side if more signatures are needed)

Division: ESMA MCMA FOGA PSA _____

Office Location: _____

Patient Name: _____ Birthdate: _____ Social Security #: _____

HIS # _____

To be maintained in Patient Medical Record.

EXAMINATION I. GIVE SIGNIFICANT DETAILS OF CHILD'S MEDICAL HISTORY INCLUDING SERIOUS ILLNESS, CHILDHOOD DISEASES, OPERATIONS, ACCIDENTS, HANDICAPPING CONDITIONS (CONGENITAL OR ACQUIRED), ETC. NOTE SIGNIFICANT FACTORS RE: SCHOOL ADJUSTMENT, GROUP PLAY, PHYSICAL, SOCIAL, OR EMOTIONAL ABNORMALITY.

	DATE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	PULSE	BLOOD PRESSURE	LUNGS	ABDOMEN	GENITALIA (MALE)	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER	
NORMAL	2/14/92																			
ABNORMAL																				

DID PARENTS ATTEND: YES NO

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS

See chart

SIGNATURE OF EXAMINER

EXAMINATION II. INTERVAL HISTORY: SUMMARIZE MEDICAL HISTORY AND NOTE SCHOOL PROGRESS, INTEREST IN GROUP AND EXTRA-CURRICULAR ACTIVITIES, GROUP GROWTH AND DEVELOPMENT.

	DATE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	PULSE	BLOOD PRESSURE	LUNGS	ABDOMEN	GENITALIA (MALE)	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER	
NORMAL	7/24																			
ABNORMAL	3/00																			

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS

PASSED TRACK EXAM

SIGNATURE OF EXAMINER

EXAMINATION III. INTERVAL HISTORY: SUMMARIZE MEDICAL HISTORY, NOTE EXTRA-CURRICULAR ACTIVITIES, STAGE OF ADOLESCENT GROWTH AND DEVELOPMENT.

1/01 mono

	DATE	GENERAL NUTRITION	SKIN	EYES	EARS	NOSE & THROAT	TEETH & GINGIVA	GLANDS	HEART	PULSE	BLOOD PRESSURE	LUNGS	ABDOMEN	GENITALIA (MALE)	NEURO-MUSCULAR SYSTEM	SKELETAL	SCOLIOSIS BENDING POSITION	EMOTIONAL STATUS	ALL OTHER	
NORMAL																				
ABNORMAL																				

EXPLAIN FINDINGS AND NOTE RECOMMENDATIONS

SIGNATURE OF EXAMINER

VISION SCREENING

DATE OF EXAM.	SNELLEN		WITH PLUS LENS		OTHER DISORDER	REPORT OF EYE EXAMINER	CORRECTED VISION	
	Visual	Acuity	P	F			Right	Left
	Right	Left						
10/20/92	30	40			(Color) Ref 10/60/52	1/23/93 20/20		
10/93	30	30						
9-94	30 ⁻¹	30 ⁻¹	✓					
9/95	30	30						
9/96	30	30 ¹						
Sept 97/98	50	50			REF			
Oct 97/98	50 ⁻¹	70			REF			
Oct 99/2000	50 ⁻¹	100			REF			
Oct 2000/1	50 ⁻¹	40			REF			
1/2								
2/3								
3/4								
4/5								

HEARING SCREENING

PASS - INDICATE SCREENING LEVEL IN DB FOR EACH FREQUENCY
 FAIL - INDICATE THRESHOLD LEVEL IN DB FOR EACH FREQUENCY

DATE OF EXAM.	GRADE	TESTER	RIGHT EAR						LEFT EAR						Pass (P) Or Fail (F)	Wearing Hearing Aid	Date Report Received From Ear Examiner	
			250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000				
10/20/92	K	Lu	25	-	-	-	-	-	25	-	-	-	-	-	-	P		
10/93	1	Team	25	-	-	-	-	-	25	-	-	-	-	-	-	P		
9-94	2	Team	25	-	-	-	-	-	25	-	-	-	-	-	REF	P		
9/95	3	Team	25	-	-	-	-	-	25	-	-	-	-	-	-	P		
Oct 99/2000	7	Team	25	-	-	-	-	-	25	-	-	-	-	-	-	P		
Oct 3/4	11	Team																

ANNUAL HEIGHT AND WEIGHT

DATE	10/92	10/93	9-94	9/95	9/96	SEPT 97/98	OCT 98-99	OCT 99-2000	2000/1	1/2	2/3	3/4	4/5
HEIGHT	43	45 ³	47 ^{1/2}	50 ²	53	55 ³	57 ³	63	65				
WEIGHT	38	42 ²	46	53	68	66	75	91	101				
	K	1	✓	3	4	5	6	7	8	9			

SCHOOL HEALTH RECORD

NAME: LAST, FIRST, MIDDLE
 BIRTH DATE: MONTH, DAY, YEAR
 SEX: MALE FEMALE

HOME ADDRESS
 HOME ADDRESS

SCHOOL	DISTRICT	COUNTY
1. Old Emerson	WEST MIFFLIN AREA	Allegheny
2. Homewelle Elementary	" " "	"
3. MIDDLE	"	
4. WSMAS		
5.		

SCH YR.	92/93	93/94	94/95	95/96	96/97	97/98	98/99	99/00	2000/01	1/2	2/3	3/4	4/5
GRADE	Kdc	1	2	3	4	5	6	7	8	9	10	11	12
ROOM OR SECTION	107												

SPECIAL HEALTH PROBLEMS

FATHER'S NAME: LAST, FIRST, MIDDLE

Pentek, Stephen O.

MOTHER'S NAME: LAST, FIRST, MAIDEN

PERSON WITH WHOM PUPIL LIVES (IF OTHER THAN PARENT)

IMMUNIZATIONS AND TESTS

	DATE INITIAL SERIES COMPLETED	BOOSTERS AND DATES
DIPHTHERIA	10-9-87, 3-7-88, 6-20-88	11-25-88, 8/21
TETANUS	9-1-87, 1-1-88	9-1-88, 1-4-89
PERTUSSIS	9-1-87, 1-1-88	1-4-89
POLIO	5-7-88, 9-16-88, 8-19-90	6-7-91

MMR #2 12-9-98

HEP B 12-9-98
1-20-99
1-4-01

Hib 8/2/89

MEASLES VACCINE DATE 10-17-88 Or had measles verified by physician and supported by standard serological tests Year

GERMAN MEASLES VACCINE DATE 10-17-88 MUMPS VACCINE DATE 10-17-88

	DATE	RESULT	DATE	RESULT	DATE	RESULT
TUBERCULIN TESTS						
CHEST X-RAYS						

HOME AND FAMILY CONDITIONS, FAMILY MEDICAL HISTORY, PARENT CONCERNS:

CONFIDENTIAL INFORMATION ON FILE AT:



STUDENT HEALTH EXAMINATIONS

Date 8-6-01
Race W Sex F

Student Full Name [Redacted] Phone [Redacted] Age 14
Address [Redacted] Birthdate [Redacted]
Name of Parent or Guardian [Redacted] School [Redacted]

A. HEALTH EXAMINATION

Height 5' 5" Weight 110 Blood Pressure 119/62

(✓) Normal=N; Abnormal=A	N	A
1. Appearance		
2. Skin/Nose		
3. Head/Scalp		
4. Eyes		
5. Visual Acuity (R & L)		
6. Ears		
7. Auditory Acuity (R & L)		
8. Nose / Throat		
9. Mouth, Teeth and Gums		
10. Chest / Lungs		
11. Heart		
12. Abdomen		
13. Genitals and Anus		
14. Musculo-Skeletal		
15. Neurological		
16. Alertness		
17. Emotional / Mental/ Behavior Prob.)		
18. Handicap, physical/ other (Specify)		
19. Activity Restrictions (Specify)		
20. Abuse, substance/ physical / emotional		
21. Nutrition		
22. Other		

COMMENT: Abnormal Findings, by number
① 20/70 w/o glasses
② 20/70

B. HEALTH HISTORY (Serious Illnesses Injuries: explain) MS.
no medication

(attach narrative if additional space needed)
C. LABORATORY (as indicated)
Hemoglobin/Hematocrit _____ Stool (O & P) _____ Tuberculin test: _____ type _____
Lead _____ Sickle Cell _____ date _____
results _____

NAME: FAMILY URGENT CARE CENTER
TITLE: 1216 Royal Palm Beach Blvd.
ADDRESS: Royal Palm Beach, FL 33411
(Please Print) (561) 795-4774 [Redacted]



GENERAL INFORMATION

	(M)	GRADE LEVEL 11	SCH YEAR COURSE TAKEN 2003-2004
COURSE SECTION NUMBER 2100310	COURSE TITLE American History		

CHANGE DOCUMENTATION

GRADING PERIOD	GRADE	EXAM	CONDUCT
1st 9 weeks	From D+ 67 To C- 70	From _____ To _____	From _____ To _____
	From _____ To _____	From _____ To _____	From _____ To _____

Change course code From D+ To C-

Reason for change:

- Recalculated Grade Average
- Student Completed Work
- Other (explain below)

had made up an assignment that was accidentally calculated in as a zero. It was my fault, so now it is being taken care of.

APPROVAL SIGNATURES (two of three required)

DATE 11/12/03

DATE

SIGNATURE OF AREA ADMINISTRATOR DATE

DATA PROCESSOR CONFIRMATION

DATE 11/13/03

SIG DATE



**Spring 2003
Florida Comprehensive Assessment Test (FCAT)
SUNSHINE STATE STANDARDS
Grade 10 Student Report**

Student Name: [REDACTED]
 School Number and Name:
2331-ROYAL PALM BEACH HIGH
 District Number and Name:
50-PALM BEACH

The Florida Department of Education believes that every student has the ability to learn and succeed. The purpose of the FCAT is to ensure that Florida's public schools are providing the best education possible, and preparing students to succeed in the competitive 21st Century job market.

Working with teachers, the State has developed a measurement system that allows you to track a student's academic achievement from year to year and determine if a year's worth of learning has occurred in a year's time. This system also allows you to compare a student's score to a score that represents "grade level" achievement. If a student's score is above the "grade level" score, then they are performing at a level above their current grade. If it is below, they are in need of improvement. Using the "Content Scores," you are able to identify any specific academic skills needing improvement.

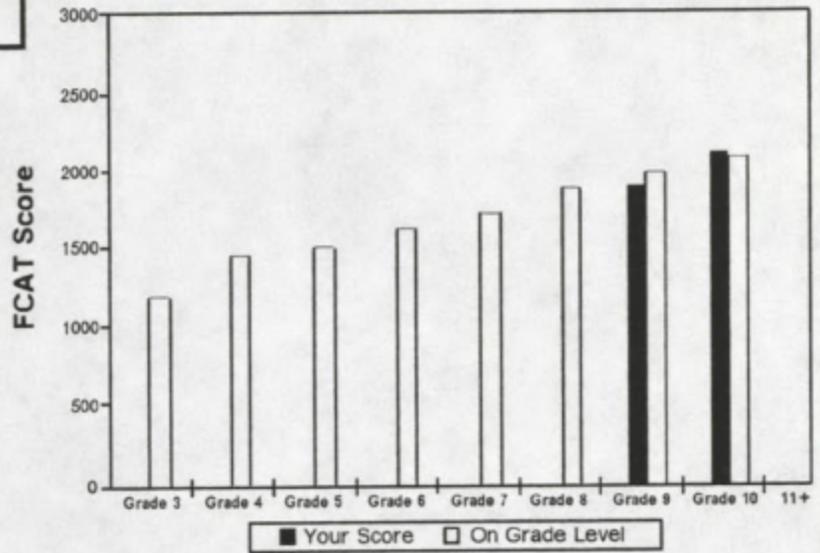
Below you will find your 2003 FCAT Reading and Mathematics scores, as well as your scores from previous years. The chart on the right side of the page shows your score compared to the score that represents "grade level" achievement.

Congratulations! You have passed the Reading test and your score is on grade level. You have answered many of the questions on FCAT correctly.

2003 Reading Content Scores		
Content Areas	Points Possible	Points Earned
Words/Phrases	9	4
Main Idea/Purpose	14	10
Comparisons	13	9
Reference/Research	16	14

Year	2001	2002	2003
Grade Tested	NA	9	10
Achievement Level		2	3
FCAT Score *		1885	2094

Reading

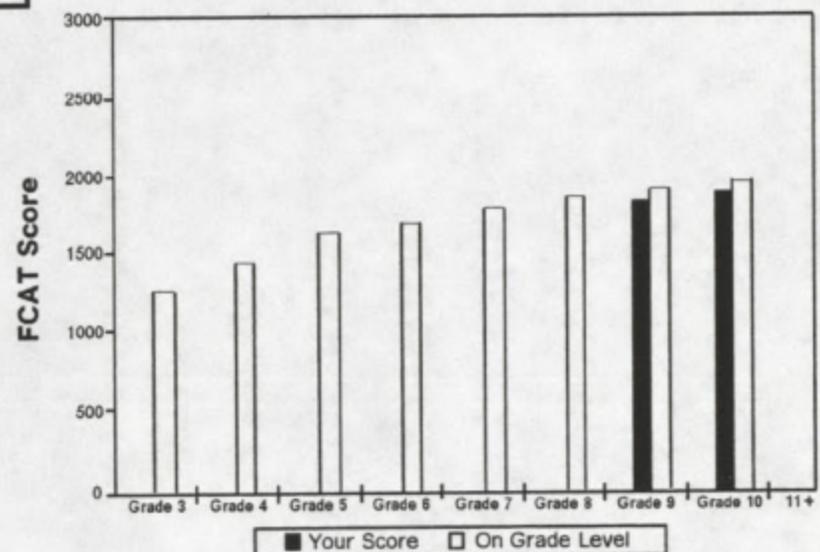


You did not score well enough to pass the Grade 10 FCAT Mathematics test. Your Mathematics score needs improvement. Talk to your teacher or guidance counselor about classes you can take that will help you improve your score.

2003 Mathematics Content Scores		
Content Areas	Points Possible	Points Earned
Number Sense	11	5
Measurement	10	2
Geometry	14	3
Algebraic Thinking	14	6
Data Analysis	11	4

Year	2001	2002	2003
Grade Tested	NA	9	10
Achievement Level		2	2
FCAT Score *		1822	1881

Mathematics



* These scores show your achievement on the day you were tested. If you had taken this test numerous times, it is likely that all of your scores would have been within a certain range. Your 2003 FCAT Reading scores probably would have been between 2013 and 2175. Your 2003 FCAT Mathematics scores probably would have been between 1836 and 1926.

NT = Not Tested NR = Not Reported NA = Data Not Available

Data Run Date: 05/09/2003

0165361



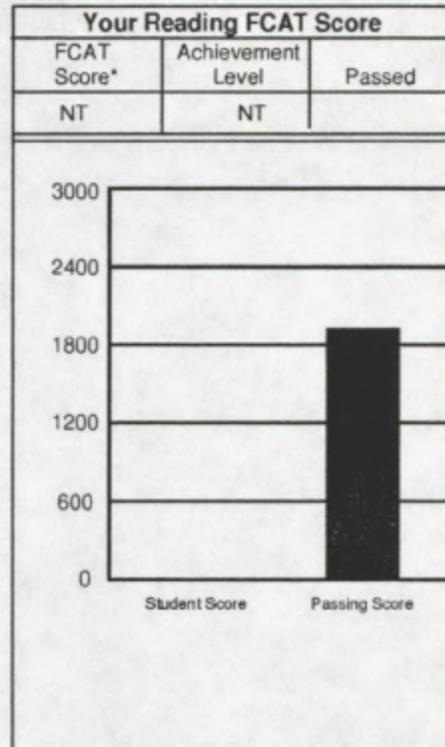
Spring 2004
Florida Comprehensive Assessment Test (FCAT)
SSS Reading and SSS Mathematics Retake Tests
Grade 11 Student Report

NAME: [REDACTED]
 ID: [REDACTED]
 SCHOOL: 2331-ROYAL PALM BEACH HIGH
 DISTRICT: 50-PALM BEACH

This report shows your results from the Grade 10 FCAT Retake test(s). Passing both the Grade 10 Reading and Mathematics Tests is a requirement for a standard Florida high school diploma. Students must earn an FCAT Score of 1926 or better in Reading and 1889 or better in Mathematics to meet the graduation requirement.

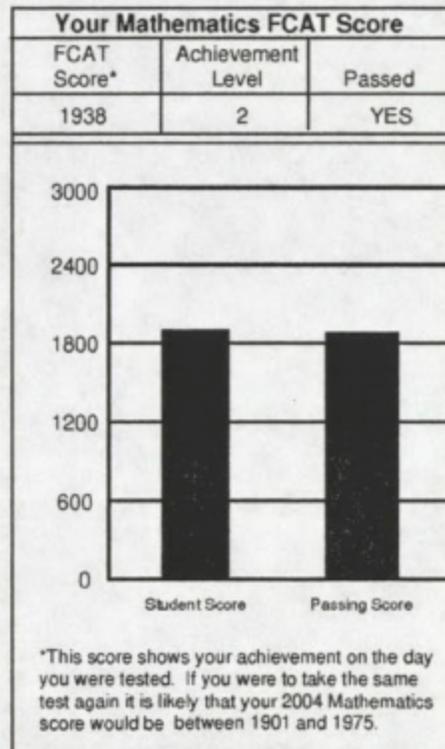
The FCAT measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know.

Your Reading Results			
We were unable to find a Reading score that matched your student identification number. If you took the test this year, be sure to contact your school about locating your FCAT test scores.			
Your Reading Content			
Content Areas	Points Earned	Points Possible	Percent
Words/Phrases			%
Main Idea/Purpose			%
Comparisons			%
Reference/Research			%



- Reading Content** - Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:
- **Words and Phrases** -uses skills to determine word meaning, including word parts and relationships between words.
 - **Main Idea/Purpose** -determines a stated or implied essential message, details, author's purpose, or plot.
 - **Comparisons** -knows similar and different, cause and effect, and contrast.
 - **Reference/Research** -uses information from a variety of sources to reach conclusions.

Your Mathematics Results			
You have passed the Grade 10 FCAT Mathematics test.			
Your Mathematics Content			
Content Areas	Points Earned	Points Possible	Percent
Number Sense	3	10	30 %
Measurement	5	10	50 %
Geometry	5	14	36 %
Algebraic Thinking	6	14	43 %
Data Analysis	4	10	40 %



- Mathematics Content** - Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:
- **Number Sense** -uses number concepts and computation skills.
 - **Measurement** -solves problems involving measurements, e.g., time, length, area.
 - **Geometry** -analyzes and combines shapes to solve problems.
 - **Algebraic Thinking** -analyzes patterns and uses equations and inequalities.
 - **Data Analysis and Probability** -uses data analysis tools to display information, make predictions and make inferences.

NT=Not Tested NR=Not Reported

THE SCHOOL DISTRICT OF PALM BEACH COUNTY - NEW/RETURNING STUDENTS REGISTRATION

BACK

(31) STUDENT LIVES WITH (CHECK ONE)
 BOTH PARENTS MOTHER FATHER SHARED CUSTODY OTHER

(33) IS THERE A COURT ORDER BARRING EITHER PARENT FROM REMOVING OR CONTACTING THE STUDENT DURING THE SCHOOL DAY? YES NO
 IF YES, PLEASE PROVIDE THE SCHOOL WITH A COPY OF THE COURT ORDER.

[REDACTED]

(35) MOTHER/GUARDIAN: [REDACTED]

LAST NAME: LOYAHATCHEE FL STATE: _____ ZIP CODE: _____

HOME ADDRESS: JAMZ CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPATION: SELF Employed

OCCUPATION: N/A

PLACE OF EMPLOYMENT: _____

PLACE OF EMPLOYMENT: _____

HOME PHONE: _____ BUSINESS PHONE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

(36) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)
 A ELEMENTARY SCHOOL (GRADES K-8) B SOME HIGH SCHOOL (GRADES 9-12) C HIGH SCHOOL (GRADUATED)
 D SOME POST-SECONDARY (TECHNICAL/COLLEGE) E TECHNICAL/COLLEGE GRADUATE or ABOVE

(37) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)
 A ELEMENTARY SCHOOL (GRADES K-8) B SOME HIGH SCHOOL (GRADES 9-12) C HIGH SCHOOL (GRADUATED)
 D SOME POST-SECONDARY (TECHNICAL/COLLEGE) E TECHNICAL/COLLEGE GRADUATE or ABOVE

(38) LEGAL GUARDIAN (IF ANY) DOES LEGAL GUARDIAN HAVE CUSTODY? YES NO

FIRST NAME: _____ MIDDLE: _____ LAST: _____ HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

OCCUPATION: _____ PLACE OF EMPLOYMENT: _____ BUSINESS PHONE: _____

EMERGENCY HEALTH AND SAFETY INFORMATION

PART I: PERSON(S) OTHER THAN PARENT AUTHORIZED TO PICK UP STUDENT

[REDACTED]	[REDACTED]	[REDACTED]	(43) AUTHORIZED FOR EMERGENCY PICKUP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO
[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/> YES <input type="checkbox"/> NO

(43) NAME	ADDRESS	PHONE	RELATIONSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO
(44) NAME	ADDRESS	PHONE	RELATIONSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO
(45) NAME	ADDRESS	PHONE	RELATIONSHIP	<input type="checkbox"/> YES <input type="checkbox"/> NO

(46) PART II: IF SCHOOL PERSONNEL ARE UNABLE TO CONTACT YOU IN CASE OF ILLNESS OR ACCIDENT, MAY WE HAVE YOUR PERMISSION TO CALL YOUR DOCTOR OR EMERGENCY SERVICES (911) FOR TRANSPORT TO THE HOSPITAL? YES NO

(47) FAMILY DOCTOR: _____ (48) PHONE NUMBER: _____ (49) HOSPITAL PREFERENCE: _____

(50) LIST YOUR CHILD'S ILLNESSES, ALLERGIES OR OTHER PHYSICAL LIMITATIONS:

YOUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS

(51) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(52) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(53) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(54) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(55) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE

(56) I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. [REDACTED] DATE: 8/5/07

FOR OFFICE USE ONLY:

(57) SCHOOL NO.	(58) STUDENT NUMBER	(59) STUDENT LANGUAGE	(60) COB	(61) ENTRY CODE	(62) ENTRY DATE	(63) SAC CODE
		(64) PARENT/GUARDIAN LANGUAGE		(65) GRADE LEVEL	(66) CALENDAR	(67) TEACHER NO.
(68) REASSIGNMENT CODE <input type="checkbox"/> A-ADM <input type="checkbox"/> E-ESE <input type="checkbox"/> B-ESDL <input type="checkbox"/> M-MAG	(69) TRANSPORTATION <input type="checkbox"/> YES <input type="checkbox"/> NO	(70) VERIFICATION OF BIRTH DATE: _____	(71) HRS DATE: _____	(72) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED) IMMUNIZATIONS: _____ DATE: _____ SOCIAL SECURITY NO. (OPTIONAL): _____ DATE: _____	VERIFICATION OF BIRTH RECORDS: _____ PHYSICAL EXAMS: _____	
(73) DATA ENTRY COMPLETED BY: _____						DATE: _____



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY

NEW/RETURNING STUDENTS REGISTRATION

STUDENT NUMBER: [REDACTED]

VERIFICATION FOR NEW/RETURNING STUDENTS:

TO THE PARENTS OR GUARDIANS:

NEW STUDENTS: Complete all non-shaded areas on both sides of form
RETURNING STUDENTS: Please review both sides for correctness of typed information. If the information printed is incorrect, please correct it by carefully and lightly crossing out the incorrect information and writing the correct information above it.

DOB DATE: [REDACTED]

(1) [REDACTED] (2) ALSO KNOWN AS: 106A

(3) LOCAL ADDRESS: [REDACTED] (4) MAILING ADDRESS: [REDACTED]

[REDACTED] CITY STATE ZIP CODE: Loxahatchee FL 33470

(5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL): [REDACTED] (6) HOME PHONE NO.: [REDACTED]

(7) SEX: FEMALE MALE (8) RACE: I AMERICAN INDIAN OR ALASKAN NATIVE B BLACK NON-HISPANIC A ASIAN OR PACIFIC ISLANDER H HISPANIC W WHITE NON-HISPANIC M MULTIRACIAL

(9) DATE OF BIRTH: [REDACTED] (10) PLACE OF BIRTH: Pittsburgh PA Alleg.

(11) RESIDENT STATUS: 0. FOREIGN EXCHANGE STUDENT 1. OUT-OF-COUNTY RESIDENT 2. OUT-OF-STATE RESIDENT 3. IN-COUNTY RESIDENT

(12) ENTRY DATE INTO USA: [REDACTED]

(13) FEDERAL IMPACT AID SURVEY

YES NO A. THE STUDENT RESIDES ON FEDERAL PROPERTY.

YES NO B. THE STUDENT RESIDES IN LOW RENT HOUSING.

YES NO C. THE PARENT IS EMPLOYED ON FEDERAL PROPERTY LOCATED IN PALM BEACH COUNTY.

YES NO D. THE PARENT IS EMPLOYED ON LOW RENT HOUSING LOCATED IN PALM BEACH COUNTY.

YES NO E. THE PARENT IS IN THE UNIFORMED SERVICES OF THE UNITED STATES.

IF YES, IS THE PARENT ON ACTIVE DUTY? YES NO

AIR FORCE ARMY COAST GUARD MARINES NATIONAL GUARD NAVY

(14) HAS THIS CHILD BEEN ENROLLED IN ANY PRESCHOOL? (PLEASE PLACE A CHECKMARK (✓) BY EACH PROGRAM ATTENDED. ALSO, INDICATE WITH AN ASTERISK (*) THE PROGRAM YOUR CHILD WAS IN THE LONGEST.)

C. CHAPTER 1 H. HEADSTART O. OTHER

D. PRE-K DISABILITIES M. MIGRANT PRE-K S. SUBSIDIZED CHILD CARE

E. PRE-K EARLY INTERVENTION N. NON-SUBSIDIZED CHILD CARE

(15) IS THE STUDENT A SINGLE PARENT? YES NO (16) CURRENT GRADE LEVEL: [REDACTED]

TRANSFER INFORMATION:

(17) NAME OF SCHOOL TRANSFERRING FROM: West Mifflin Area School (18) CITY OR LOCATION: West Mifflin, PA. (19) DATE OF LAST ATTENDANCE: 6-7-01

(20) GRADE LEVEL: 8 (21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: [REDACTED] (22) DATE ATTENDED: [REDACTED]

FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION:

(23) HAVE YOU FILLED OUT AN APPLICATION FOR FREE OR REDUCED LUNCH? (APPLICATION IS PROVIDED WITH THIS REGISTRATION FORM) YES NO

(24) HEALTH SCREENINGS: I GIVE PERMISSION FOR MY CHILD TO BE GIVEN HEALTH SCREENINGS. THESE TESTS MAY BE GIVEN INDIVIDUALLY OR IN GROUPS. YES NO

(25) SODIUM FLUORIDE: I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SODIUM FLUORIDE PROGRAM TO PREVENT DENTAL DECAY. PERMISSION IS VALID THROUGH GRADE SIX. YES NO

NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY

(26) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT OR GUARDIAN: English (27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT? English (28) DATE OF ENTRY INTO THE ESOL PROGRAM: [REDACTED]

(29) LANGUAGE SURVEY

1. IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? YES NO

2. DOES THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH? YES NO

3. DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH? YES NO

STUDENT DISCLOSURES FOR 1st ENTRY IN THE SCHOOL DISTRICT OF PALM BEACH COUNTY HAS THE STUDENT EVER:

1. BEEN EXPELLED FROM SCHOOL? YES NO

2. HAD AN ARREST RESULTING IN A CHARGE? YES NO

3. HAD ANY JUVENILE JUSTICE ACTIONS? YES NO



9-12 Academic Improvement Plan (AIP)

SY: .04

SCH: 2331 ROYAL PALM BEACH COM GR: 11
 DOB: [REDACTED] ABS: 8 RET: [REDACTED]
 FNRT: READ: 59 MATH: 66
 FCAT: READ: 331 MATH: 298
 WAP: 3.5 AIP: R-ZZ W-ZZ M-FZ S-ZZ
 PRIM: LEP: 504:

Marking Period Monitoring Dates:

First / / Second / /
 Third / / Fourth / /

	<input type="checkbox"/> READING	<input type="checkbox"/> WRITING	<input checked="" type="checkbox"/> MATHEMATICS	<input type="checkbox"/> SCIENCE
DIAGNOSTIC ASSESSMENTS	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> EDL <input type="checkbox"/> FCAT Diagnostic / Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Palm Beach Writes <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input checked="" type="checkbox"/> Textbook Assessments <input checked="" type="checkbox"/> Portfolio <input checked="" type="checkbox"/> Performance Assessments <input checked="" type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)
FOCUS OF REMEDIATION	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Letter Recognition <input type="checkbox"/> Phonics: Sound / Symbol Correspondence Decoding/Encoding <input type="checkbox"/> Meaning <input type="checkbox"/> Structure <input type="checkbox"/> Visual (Phonics) Fluency <input type="checkbox"/> High Frequency Words <input type="checkbox"/> Rate Meaning <input type="checkbox"/> Vocabulary <input type="checkbox"/> Text Comprehension	Types of Writing <input type="checkbox"/> Word/Sentence writing <input type="checkbox"/> Paragraph Writing <input type="checkbox"/> Composition Writing Awareness /Application of FCAT Writing Rubric <input type="checkbox"/> Focus <input type="checkbox"/> Support <input type="checkbox"/> Organization <input type="checkbox"/> Conventions Compositions <input type="checkbox"/> Narrative <input type="checkbox"/> Expository <input type="checkbox"/> Persuasive	<input checked="" type="checkbox"/> Number Sense, Concepts and Operations <input checked="" type="checkbox"/> Measurement <input checked="" type="checkbox"/> Geometry <input checked="" type="checkbox"/> Algebraic Thinking <input checked="" type="checkbox"/> Data Analysis and Probability <input checked="" type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____ _____	<input type="checkbox"/> The Nature of Matter <input type="checkbox"/> Energy <input type="checkbox"/> Force and Motion <input type="checkbox"/> Processes that Shape the Earth <input type="checkbox"/> Earth and Space <input type="checkbox"/> Processes of Life <input type="checkbox"/> How Living Things Interact with their Environment <input type="checkbox"/> The Nature of Science concepts <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____
DESIRED LEVELS OF PERFORMANCE				
CONTENT AREA INTERVENTION STRATEGIES				
INSTRUCTIONAL DELIVERY INTERVENTION STRATEGIES	Tutoring <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading	Tutoring <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Language Arts	Tutoring <input type="checkbox"/> During School Day <input checked="" type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input checked="" type="checkbox"/> Temporary Skill Groups <input checked="" type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Quantity <input checked="" type="checkbox"/> Product Requirements <input checked="" type="checkbox"/> Child Study Referrals <input checked="" type="checkbox"/> Instructional Mathematics	Tutoring <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Instructional Reading
Student progress will be monitored throughout the school year, and student progress will be reflected on the report card.				
END-OF-YEAR REVIEW	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)

Deficiencies due to non-attendance (refer to Attendance Specialist)
 Number of Days Absent _____

Parent/Guardian Contact Commitment/Contribution Check all that apply.

<input type="checkbox"/> Monitor Attendance / Tardies	<input type="checkbox"/> Check Homework
<input type="checkbox"/> Read with Child Every Night	<input type="checkbox"/> Reinforce Skills
<input type="checkbox"/> Attend Parent Conferences	<input type="checkbox"/> Sign Daily/Weekly Notes
<input type="checkbox"/> Attend Parent Curriculum/ Information Meetings	

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____
 SIGNATURE OF PRINCIPAL [REDACTED] DATE 10/24/03
 SIGNATURE OF TEACHER _____ DATE _____
 SIGNATURE OF TEACHER _____ DATE _____