

FSA AND NGSSS ASSESSMENTS MISSING STUDENT SCORE/DESK AUDIT REVIEW REQUEST FORM

School Name:					School Location Number:				Test Administration Date:			
Test:FS	SA NGS	SSS			Administrat	ion:	_Fall	WinterS	SpringS	Summer		
Last Name	First Name	M.I.	FLEID#	Gender (M / F)	Date of Birth	Grade Level	Inquiry Type*	Subject**	Test Group Code or Session ID***	Results ID****	PBT Only: RP/BR/ LP/ OIPP****	PBT Only: Test Book or Test/Answer Book Security:
Criteria, NR3-M •Desk Audit/A The request for	re/Not Reported: larked (DNS)/Invalid Anomalous Score a Desk Audit/Anon lance and performa	dation, N Reques nalous S	Not on School List, NR-Not IR5-Below-Grade Tester, It Codes: PRR-Parent/grade Review must include the test result in question, a	NR 6 -Dupl uardian re a formal l	icate Record, NF equest rescore/re letter or email fro	R7-FDOE view, SR m the sch	Hold, UNDO RR-School re nool principal	P-Request to UNDO equest rescore/revie or parent and desc	a DNS coded in e ew, ISRRR-Individual ribe the scoring ar	rror lual Student nomaly, the c	Report Reprint difference betwe	Request een previous
NGSS ***Test Group Co Test Session I ****Results ID:	S: Science, Biologode: Unique four-door of the D: Generated via the Penerated on the Penera	y 1, Civi igit num the TA Ir articipati	, ELA Retake (Writing and cs, and US History ber for a group of students atterface for the FSA CBT con Report in TIDE for FSA c; LP-Large Print; OIPP-O	tested to only. . CBT only	gether for PBT (F		-	•				
Fax completed	form to SAET 3	<u> 05-995</u>	-7522, include supporti	ng docur	mentation for D	esk Aud	its and ensi	ure to meet set de	eadline.			
Name of Perso	on Submitting Re	quest	Email of person subr	nitting R	equest	Signatu	re of Princip	pal or Designee	Date	F	Phone #	