



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

School Name: _____ School Location Number: _____ Test Administration Date: _____

Test: ___ FSA ___ NGSSS Administration: ___ Fall ___ Winter ___ Spring ___ 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 #

***Inquiry Type: (Select one code)**

•**Missing Score/Not Reported:** **NOSL**- Not on School List, **NR**-Not Reported (FSA ELA- Refer to excel version of School Report of Students for more information), **NR2**-Did Not Meet Attemptedness Criteria, **NR3**-Marked (DNS)/Invalidation, **NR5**-Below-Grade Tester, **NR6**-Duplicate Record, **NR7**-FDOE Hold, **UNDO**-Request to UNDO a DNS coded in error

•**Desk Audit/Anomalous Score Request Codes:** **PRRR**-Parent/guardian request rescore/review, **SRRR**-School request rescore/review, **ISRRR**-Individual Student Report Reprint Request
 The request for a Desk Audit/Anomalous Score Review must include a formal letter or email from the school principal or parent and describe the scoring anomaly, the difference between previous student performance and performance on the test result in question, and any special circumstance occurring at the time of testing. Must include supporting documentation including previous test results, student grades, and GPA.

****Subject:** **FSA:** ELA (Writing and Reading), ELA Retake (Writing and Reading), Mathematics, Algebra 1, Algebra 1 Retake, or Geometry;
NGSSS: Science, Biology 1, Civics, and US History

*****Test Group Code:** Unique four-digit number for a group of students tested together for PBT (FSA or NGSSS) and NGSSS CBT.

Test Session ID: Generated via the TA Interface for the FSA CBT only.

******Results ID:** Generated on the Participation Report in TIDE for FSA CBT only.

*******PBT Only:** RP- Regular Print; BR-Braille; LP-Large Print; OIPP-One-item-per-page.

Fax completed form to SAET 305-995-7522, include supporting documentation for Desk Audits and ensure to meet set deadline.

 Name of Person Submitting Request Email of person submitting Request Signature of Principal or Designee Date Phone #