

FSA, FCAT 2.0, and EOC MISSING STUDENT SCORE/DESK AUDIT REQUEST FORM

School Nan	ne:	School Location Number:					Test Administration Date:					
Test:	est:FSA FCAT 2.0			NGSSS Retakes (FCAT 2.0 Reading or Algebra					1 EOC) FSA EC		OCNGSSS EOC	
Administration:FallWinter			Sp	ring	Summer							
Last Name	First Nam	e M.I.	Student Florida ID #	Gender (M / F)	Date of Birth	Grade Level	Inquiry Type*	Subject**	BR / LP/ OIPP*** (PBT Only)	Test Book or Test/Answer Book Security # (PBT only)	Test Group Code or Session ID****	Username***** (CBT Only)
•Missing Sco	(Select one codore/Not Reportente Record; NR-7	d Codes:	NOSL-Student Not o	n School List	; NR2 -Did No	ot Meet Atte	mptedness	(Does not apply	y to Writing); N	IR3-Marked (DNS	b) Do Not Score; NR5-E	Below-Grade Tester
	uest to UNDO a l /Anomalous Sc			rent/guardian	request resc	core/review;	SRRR-Sch	ool request res	core/review; IS	SRRR–Individual	Student Report Reprint	Request
and FCAT 2.0 F ***Special Doc ****Test Group CBT tests only.	Reading Retake cuments (If appli code is a four o	cable): BR	- R-Braille; LP-Large Pri	nt; OIPP-One chool Assess	e-item-per-pag ment Coordin	ge.					ogy 1 or US History); F	
student perform		mance on									nomaly, the difference mentation that should o	
Please <u>fax</u> t	his form and	any supp	oorting information	n to: Stude	ent Assess	ment and	l Educatio	onal Testing	at (305) 99	5-7522.		
Name of Person Submitting Request					Signature of Principal or Designee				_	Date	Pr	one #