

*ELMIRA CITY SCHOOL DISTRICT
STUDENT SERVICES
951 HOFFMAN STREET
ELMIRA, NY 14905
607-735-3000*

ANNUAL ASSESSMENT* FORM

**Annual Assessment results must be submitted with the filing of the 4th Quarter report*

Please complete this form for each student and return to Student Services at the address above.

Student Name: _____ DOB: _____

Address: _____ Grade: _____

Please indicate the following:

1. The name of the test to be administered: _____

2. The location that the test will be administered: _____

3. The name of the person administering the test: _____

4. The name of the person/organization grading the test: _____

5. The date/time the test will be administered: _____

PLEASE SUBMIT THIS COMPLETED FORM WITH THE 3RD QUARTERLY REPORT (OR PRIOR TO TESTING IF COMMENCING HOME INSTRUCTION AFTER THE 3RD QUARTER)