

MARKING INSTRUCTIONS



Use a No. 2 pencil only.
Make solid marks that fill in the response completely.
Make no stray marks on this form.

CORRECT: ●

INCORRECT: ○

SCHOOL IDENTIFICATION SHEET
For All MI-Access Assessments

Directions

TO COMPLETE:

If the information is preprinted:

Verify all preprinted information in Section 1. If the district or school name and/or code are incorrect, contact your District MI-Access Coordinator. Turn the sheet over and complete as directed.

If the information is not preprinted:

1. Print the **district name and code** and the **school name and code** as directed in the *Coordinator and Assessment Administrator Manual*.
2. Print and mark the **district code** on the grid, entering leading zeros if necessary (for example, "01234").
3. Print and mark the **school code** on the grid, entering leading zeros if necessary (for example, "01234").



TURN THE SHEET OVER AND COMPLETE AS DIRECTED.

TO RETURN:

- Place this completed sheet on top of the *Teacher Return Envelopes* and return them to the District MI-Access Coordinator as directed in the *Coordinator and Assessment Administrator Manual*.

If you have any questions after reviewing the Coordinator and Assessment Administrator Manual, contact your District MI-Access Coordinator.

1. DISTRICT AND SCHOOL NAMES AND STATE-ASSIGNED CODES

DISTRICT NAME: _____

DISTRICT CODE: _____

SCHOOL NAME: _____

SCHOOL CODE: _____

IF EITHER THE PREPRINTED DISTRICT NAME OR SCHOOL NAME IS INCORRECT, CONTACT YOUR DISTRICT MI-ACCESS COORDINATOR.

2. DISTRICT CODE

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

3. SCHOOL CODE

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

CONTRACTOR USE ONLY

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9



SCHOOL IDENTIFICATION SHEET

Directions (*continued*)

4. Print the names of all teachers who will be administering MI-Access Participation, Supported Independence, and/or Functional Independence assessments. If you need additional lines, use the *School Continuation Sheet(s)*.
5. When you receive the *Teacher Return Envelopes* back, count the number of student answer documents, verify that the count is correctly entered in Section 2 on the *Teacher Identification Sheet*, and transfer that number for each teacher to Column 5.
6. Total the number of *Teacher Return Envelopes*.
7. Total the number of completed student answer documents.

4. Teacher Name (You should have one <i>Teacher Return Envelope</i> for each teacher listed below.)	5. Total Number of Completed Student Answer Documents Enclosed in the <i>Teacher Return Envelope</i> (Participation, Supported Independence, and/or Functional Independence)	CONTRACTOR USE ONLY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
6. TOTAL number of <i>Teacher Return Envelopes</i>	<input style="width: 50px;" type="text"/>	
	7. TOTAL number of completed student answer documents	<input style="width: 50px;" type="text"/>

sample