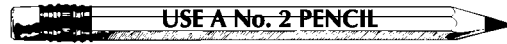


District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS: Make heavy BLACK marks. Erase cleanly. Make no stray marks.**



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

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

IEP or 504 Plan Accommodations (Fill in as many as apply.)	
<input type="checkbox"/>	Flexibility in scheduling/timing
<input type="checkbox"/>	Flexibility in setting
<input type="checkbox"/>	Method of presentation (excluding Braille/Large type)
<input type="checkbox"/>	Method of response
<input type="checkbox"/>	Other
<input type="checkbox"/>	Braille
<input type="checkbox"/>	Large type

Reason Not Tested	
<input type="checkbox"/>	Absent for entire test
<input type="checkbox"/>	Refused to take entire test
<input type="checkbox"/>	Administrative error, no score
<input type="checkbox"/>	Not enrolled at time of test
<input type="checkbox"/>	Medically excused
<input type="checkbox"/>	Taking NYSAA
<input type="checkbox"/>	First-year ELL student

ELL Accommodations (Fill in as many as apply.)	
<input type="checkbox"/>	Time extension
<input type="checkbox"/>	Separate location
<input type="checkbox"/>	Bilingual dictionaries and glossaries

BOOK 1 Form	
<input type="checkbox"/>	A
<input type="checkbox"/>	B
<input type="checkbox"/>	C
<input type="checkbox"/>	D

For Scanning Center Use Only

## 2015 NY State Grade 3 English Language Arts Test

### BOOK 1

Part Code			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A	R	M	O

1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**DO NOT  
WRITE  
IN THIS BOX**

District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ◐

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

## 2015 NY State Grade 3 English Language Arts Test

### BOOK 2

- 31 (A) (B) (C) (D)
- 32 (A) (B) (C) (D)
- 33 (A) (B) (C) (D)
- 34 (A) (B) (C) (D)

- 35 (A) (B) (C) (D)
- 36 (A) (B) (C) (D)
- 37 (A) (B) (C) (D)

For Scanning Center  
Use Only

# 2015 NY State Grade 3 English Language Arts Test

## FOR SCORER USE ONLY

**MARKING INSTRUCTION!** Make heavy BLACK marks. Erase cleanly. Make no stray marks.


**USE A No. 2 PENCIL**
CORRECT: ●
INCORRECT: ✓✗○●

- REQUIRED**  
**Scoring Model Code**
- ① Regional scoring
  - ② Schools from two districts
  - ③ Three or more schools within a district
  - ④ Two schools within a district
  - ⑤ One school
  - ⑥ Scored by a private contractor (not a BOCES)

### BOOK 2



#### Constructed Response

Question	Score Points	No Response
38	① ① ②	Ⓐ
39	① ① ②	Ⓐ
40	① ① ②	Ⓐ
41	① ① ② ③ ④	Ⓐ

#### Scoring Committee #

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

### BOOK 3



#### Constructed Response

Question	Score Points	No Response
42	① ① ②	Ⓐ
43	① ① ②	Ⓐ
44	① ① ②	Ⓐ
45	① ① ②	Ⓐ
46	① ① ②	Ⓐ
47	① ① ② ③ ④	Ⓐ

#### Scoring Committee #

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

District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

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

Reason Not Tested	
<input type="radio"/>	Absent for entire test
<input type="radio"/>	Refused to take entire test
<input type="radio"/>	Administrative error, no score
<input type="radio"/>	Not enrolled at time of test
<input type="radio"/>	Medically excused
<input type="radio"/>	Taking NYSAA

Translated Edition	
<input type="radio"/>	Chinese
<input type="radio"/>	Haitian Creole
<input type="radio"/>	Spanish

See reverse side for  
Test Accommodations  
section

For Scanning Center  
Use Only

## NY State Grade 4 Elementary-Level Science Test 2015

Sample Questions				
S-1	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
S-2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

### Written Test Part I

Part Code				
<input type="radio"/> A	<input type="radio"/> R	<input type="radio"/> M	<input type="radio"/> O	<input type="radio"/>

1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
4	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
9	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
10	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

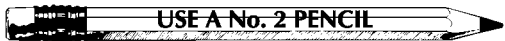
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
14	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
15	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
16	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
17	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
18	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
19	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
20	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

21	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
22	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
23	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
24	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
25	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
26	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
27	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
28	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
29	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
30	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

# NY State Grade 4 Elementary-Level Science Test 2015

## FOR TEACHER USE ONLY

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ☑ ☒ ● ○

IEP or 504 Plan Accommodations (Fill in as many as apply.)
<input type="radio"/> Flexibility in scheduling/timing
<input type="radio"/> Flexibility in setting
<input type="radio"/> Method of presentation (excluding Braille/Large type/Test read)
<input type="radio"/> Method of response
<input type="radio"/> Other
<input type="radio"/> Braille
<input type="radio"/> Large type
<input type="radio"/> Test read
<input type="radio"/> Use of calculator
<input type="radio"/> Use of spell-check/grammar-check

ELL Accommodations (Fill in as many as apply.)
<input type="radio"/> Time extension
<input type="radio"/> Separate location
<input type="radio"/> Bilingual dictionary/glossary
<input type="radio"/> Translated edition
<input type="radio"/> Oral translation
<input type="radio"/> Responses written in native language



### Written Test Part II

### Performance Test, Form A

Record the credits earned for each question listed below.

Record the credits earned for each question in Stations 1, 2, and 3.

- 31    ① ①
- 32    ① ①
- 33    ① ①
- 34    ① ①
- 35    ① ①
- 36    ① ①
- 37    ① ①
- 38    ① ①
- 39    ① ①
- 40    ① ①
- 41    ① ① ②
- 42    ① ①
- 43    ① ①
- 44    ① ①

- Station 1**
- 1a    ① ①
- 1b    ① ①
- 2      ① ① ②
- 3      ① ①
- 4      ① ①
- 5      ① ① ② ③
- Station 2**
- 1      ① ① ②
- 2      ① ① ② ③
- 3      ① ① ②
- 4      ① ① ②
- Station 3**
- 1      ① ① ②
- 2      ① ①
- 3      ① ①
- 4      ① ① ②
- 5      ① ① ②

District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS: Make heavy BLACK marks. Erase cleanly. Make no stray marks.**



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

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

IEP or 504 Plan Accommodations (Fill in as many as apply.)
<input type="radio"/> Flexibility in scheduling/timing <input type="radio"/> Flexibility in setting <input type="radio"/> Method of presentation (excluding Braille/Large type/Test read) <input type="radio"/> Method of response <input type="radio"/> Other <input type="radio"/> Braille <input type="radio"/> Large type <input type="radio"/> Test read <input type="radio"/> Use of spell-check/grammar-check

Reason Not Tested
<input type="radio"/> Absent for entire test <input type="radio"/> Refused to take entire test <input type="radio"/> Administrative error, no score <input type="radio"/> Not enrolled at time of test <input type="radio"/> Medically excused <input type="radio"/> Taking NYSAA <input type="radio"/> Took Science 8 in grade 7 <input type="radio"/> Taking Regents

Translated Edition
<input type="radio"/> Chinese <input type="radio"/> Haitian Creole <input type="radio"/> Spanish

ELL Accommodations (Fill in as many as apply.)
<input type="radio"/> Time extension <input type="radio"/> Separate location <input type="radio"/> Bilingual dictionary/glossary <input type="radio"/> Translated edition <input type="radio"/> Oral translation <input type="radio"/> Responses written in native language

For Scanning Center Use Only

## NY State Grade 8 Intermediate-Level Science Test 2015

**Sample Question**

1 ● 3 4

### Written Test Part I

**Part Code**

A R M O

1	10	19	28	37
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
2	11	20	29	38
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
3	12	21	30	39
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
4	13	22	31	40
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
5	14	23	32	41
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
6	15	24	33	42
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
7	16	25	34	43
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
8	17	26	35	44
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
9	18	27	36	45
1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

NY State Grade 8 Intermediate-Level Science Test 2015

**FOR TEACHER USE ONLY**

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

**Written Test Part II**

Record the credits earned for each question listed below.

- |    |     |    |     |    |       |    |     |    |     |
|----|-----|----|-----|----|-------|----|-----|----|-----|
| 46 | ○ ① | 54 | ○ ① | 62 | ○ ① ② | 70 | ○ ① | 78 | ○ ① |
| 47 | ○ ① | 55 | ○ ① | 63 | ○ ①   | 71 | ○ ① | 79 | ○ ① |
| 48 | ○ ① | 56 | ○ ① | 64 | ○ ①   | 72 | ○ ① | 80 | ○ ① |
| 49 | ○ ① | 57 | ○ ① | 65 | ○ ①   | 73 | ○ ① | 81 | ○ ① |
| 50 | ○ ① | 58 | ○ ① | 66 | ○ ①   | 74 | ○ ① | 82 | ○ ① |
| 51 | ○ ① | 59 | ○ ① | 67 | ○ ①   | 75 | ○ ① | 83 | ○ ① |
| 52 | ○ ① | 60 | ○ ① | 68 | ○ ①   | 76 | ○ ① | 84 | ○ ① |
| 53 | ○ ① | 61 | ○ ① | 69 | ○ ①   | 77 | ○ ① |    |     |

**Performance Test, Form A**



Record the credits earned for each question in Stations 1, 2, and 3.

**Station 1**

- 1 ○ ① ② ③
- 2 ○ ① ②
- 3 ○ ① ②
- 4 ○ ① ②
- 5 ○ ① ②
- 6 ○ ①
- 7 ○ ①
- 8 ○ ①
- 9 ○ ①

**Station 2**

- 1 ○ ① ② ③ ④ ⑤
- 2 ○ ① ② ③
- 3 ○ ①
- 4 ○ ①
- 5 ○ ①
- 6 ○ ①
- 7 ○ ① ②
- 8 ○ ① ② ③

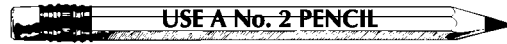
**Station 3**

- 1 ○ ① ② ③
- 2 ○ ① ② ③ ④
- 3 ○ ① ② ③ ④
- 4 ○ ①
- 5 ○ ① ②
- 6 ○ ① ②
- 7 ○ ① ②



District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

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

IEP or 504 Plan Accommodations (Fill in as many as apply.)
<input type="checkbox"/> Flexibility in scheduling/timing <input type="checkbox"/> Flexibility in setting <input type="checkbox"/> Method of presentation (excluding Braille/Large type/Test read) <input type="checkbox"/> Method of response <input type="checkbox"/> Other <input type="checkbox"/> Braille <input type="checkbox"/> Large type <input type="checkbox"/> Test read <input type="checkbox"/> Use of spell-check/grammar-check

Reason Not Tested
<input type="checkbox"/> Absent for entire test <input type="checkbox"/> Refused to take entire test <input type="checkbox"/> Administrative error, no score <input type="checkbox"/> Not enrolled at time of test <input type="checkbox"/> Medically excused <input type="checkbox"/> Taking NYSAA

Alternate Language
<input type="checkbox"/> Chinese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish

ELL Accommodations (Fill in as many as apply.)
<input type="checkbox"/> Time extension <input type="checkbox"/> Separate location <input type="checkbox"/> Bilingual dictionaries and glossaries <input type="checkbox"/> Translated edition <input type="checkbox"/> Oral translation <input type="checkbox"/> Responses written in native language

BOOK 1 Form
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

For Scanning Center Use Only

## 2015 NY State Grade 3 Mathematics Test

**BOOK 1**

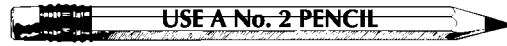
Part Code
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">A</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">R</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">M</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">O</span>

1	7	13	19
(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)
2	8	14	20
(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)
3	9	15	21
(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)
4	10	16	22
(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)
5	11	17	23
(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)
6	12	18	24
(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)	(A) (B) (C) (D)

**DO NOT  
WRITE  
IN THIS BOX**

District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

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

BOOK 2 Form			
A	B	C	D

For Scanning Center Use Only

## 2015 NY State Grade 3 Mathematics Test

### BOOK 2

Part Code			
A	R	M	O

- |    |     |     |     |     |    |     |     |     |     |    |     |     |     |     |    |     |     |     |     |
|----|-----|-----|-----|-----|----|-----|-----|-----|-----|----|-----|-----|-----|-----|----|-----|-----|-----|-----|
| 25 | (A) | (B) | (C) | (D) | 31 | (A) | (B) | (C) | (D) | 37 | (A) | (B) | (C) | (D) | 43 | (A) | (B) | (C) | (D) |
| 26 | (A) | (B) | (C) | (D) | 32 | (A) | (B) | (C) | (D) | 38 | (A) | (B) | (C) | (D) | 44 | (A) | (B) | (C) | (D) |
| 27 | (A) | (B) | (C) | (D) | 33 | (A) | (B) | (C) | (D) | 39 | (A) | (B) | (C) | (D) | 45 | (A) | (B) | (C) | (D) |
| 28 | (A) | (B) | (C) | (D) | 34 | (A) | (B) | (C) | (D) | 40 | (A) | (B) | (C) | (D) | 46 | (A) | (B) | (C) | (D) |
| 29 | (A) | (B) | (C) | (D) | 35 | (A) | (B) | (C) | (D) | 41 | (A) | (B) | (C) | (D) | 47 | (A) | (B) | (C) | (D) |
| 30 | (A) | (B) | (C) | (D) | 36 | (A) | (B) | (C) | (D) | 42 | (A) | (B) | (C) | (D) | 48 | (A) | (B) | (C) | (D) |

# 2015 NY State Grade 3 Mathematics Test

## FOR SCORER USE ONLY

**MARKING INSTRUCTION:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ● **INCORRECT:** ✓ ✗ ○ ●

- REQUIRED**  
**Scoring Model Code**
- ① Regional scoring
  - ② Schools from two districts
  - ③ Three or more schools within a district
  - ④ Two schools within a district
  - ⑤ One school
  - ⑥ Scored by a private contractor (not a BOCES)

**BOOK 3**



### Constructed Response

Scoring Committee #

Question	Score Points	No Response
49	① ① ②	Ⓐ
50	① ① ②	Ⓐ
51	① ① ②	Ⓐ
52	① ① ②	Ⓐ
53	① ① ②	Ⓐ
54	① ① ② ③	Ⓐ
55	① ① ② ③	Ⓐ
56	① ① ② ③	Ⓐ

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

District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

Group
0
1
2
3
4
5
6
7
8
9

IEP or 504 Plan Accommodations (Fill in as many as apply.)
<input type="checkbox"/> Flexibility in scheduling (Timing N/A) <input type="checkbox"/> Flexibility in setting <input type="checkbox"/> Method of presentation (excluding Braille/Large type/Test read) <input type="checkbox"/> Method of response <input type="checkbox"/> Other <input type="checkbox"/> Braille <input type="checkbox"/> Large type <input type="checkbox"/> Test read (excluding Reading subtest)

Reason Not Tested
<input type="checkbox"/> Absent for entire test <input type="checkbox"/> Refused to take entire test <input type="checkbox"/> Administrative error, no score <input type="checkbox"/> Not enrolled at time of test <input type="checkbox"/> Medically excused

For Scanning Center Use Only

**NEW YORK STATE TESTING PROGRAM**  
**NYS English as a Second Language Achievement Test**  
**(NYSESLAT) Grade K**  
**Spring 2015**

**Session 1**



Listening				
SAMPLE				
A	A	B	C	D
1	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
2	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
3	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
4	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
5	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
6	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
7	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

Reading				
SAMPLE				
B	A	B	C	D
8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
SAMPLE				
C	A	B	C	D
9	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
SAMPLE				
D	A	B	C	D
10	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

SAMPLE				
E	A	B	C	D
11	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
13	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

PRINT Transcriber's Name

---



**DO NOT  
WRITE  
IN THIS BOX**



District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

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

**NEW YORK STATE TESTING PROGRAM**  
**NYS English as a Second Language Achievement Test**  
**(NYSESLAT) Grade K**  
**Spring 2015**

For Scanning Center Use Only

Part Code			
A	R	M	O

## Session 2

### Listening

SAMPLE				
A	A	B	C	D

- 18 (A) (B) (C) (D)
- 19 (A) (B) (C) (D)
- 20 (A) (B) (C) (D)
- 21 (A) (B) (C) (D)
- 22 (A) (B) (C) (D)
- 23 (A) (B) (C) (D)

### Reading

SAMPLE				
B	A	B	C	D

- 24 (A) (B) (C) (D)

SAMPLE				
C	A	B	C	D

- 25 (A) (B) (C) (D)

SAMPLE				
D	A	B	C	D

- 26 (A) (B) (C) (D)

SAMPLE				
E	A	B	C	D

- 27 (A) (B) (C) (D)

- 28 (A) (B) (C) (D)

SAMPLE				
F	A	B	C	D

- 29 (A) (B) (C) (D)

PRINT Transcriber's Name
_____

**DO NOT  
WRITE  
IN THIS BOX**



District	Student ID	CD	School	Level	Form
DO NOT WRITE IN THIS AREA					

**MARKING INSTRUCTIONS:** Make heavy BLACK marks. Erase cleanly. Make no stray marks.



**CORRECT:** ●

**INCORRECT:** ✓ ✗ ○ ●

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

**NEW YORK STATE TESTING PROGRAM**  
**NYS English as a Second Language Achievement Test**  
**(NYSESLAT) Grade K**  
**Spring 2015**

For Scanning Center Use Only

Part Code			
A	R	M	O

## Session 3

### Listening

SAMPLE				
A	A	B	C	D

- 33 (A) (B) (C) (D)
- 34 (A) (B) (C) (D)
- 35 (A) (B) (C) (D)
- 36 (A) (B) (C) (D)
- 37 (A) (B) (C) (D)
- 38 (A) (B) (C) (D)

### Reading

SAMPLE				
B	A	B	C	D

- 39 (A) (B) (C) (D)

SAMPLE				
C	A	B	C	D

- 40 (A) (B) (C) (D)

SAMPLE				
D	A	B	C	D

- 41 (A) (B) (C) (D)
- 42 (A) (B) (C) (D)
- 43 (A) (B) (C) (D)
- 44 (A) (B) (C) (D)

PRINT Transcriber's Name
_____

