# NEW YORK CITY PERIODIC ASSESSMENT PROGRAM ACUITY ASSESSMENTS

**CLASS ROSTER SHEET**

**DBN**

**TYPE OF ASSESSMENT** (circle one) PREDICTIVE ITA

**GRADE** (circle one) 3 4 5 6 7 8 9 10 11

**SUBJECT** (circle one) MATHEMATICS ENGLISH LANGUAGE ARTS

**TEST ID** (one per Class Roster)

**ASSESSMENT ADMINISTRATION DATE(S)**

**EDUCATOR NAME CLASS ID**

**TOTAL # OF STUDENTS**

# Please list below the names of students who were administered the assessment.

|  |  |  |
| --- | --- | --- |
| 1. | 13. | 25. |
| 2. | 14. | 26. |
| 3. | 15. | 27. |
| 4. | 16. | 28. |
| 5. | 17. | 29. |
| 6. | 18. | 30. |
| 7. | 19. | 31. |
| 8. | 20. | 32. |
| 9. | 21. | 33. |
| 10. | 22. | 34. |
| 11. | 23. | 35. |
| 12. | 24. | 36. |

**Please write in the number of answer sheets you are returning:**

**TOTAL** # of **HAND-CODED** Answer Sheets being returned

Please note that student data changes made to this sheet will not be reflected in Acuity. All updates to student data must be made directly in ATS or HSST. If you wish to use an ATS daily attendance sheet in place of this Acuity Class Roster Sheet, please make sure to follow the same instructions and include all the information requested on this form.

If necessary, you may print additional copies of this form. After you have completed this form, please return to your Testing Coordinator. Thank you for your cooperation.

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