

# Commonwealth Accountability Testing System Kentucky Core Content Test



Spring 2007

Grade 6

Student Response Booklet

1.

Student Name *(Please print.)*

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School Name

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District Name

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2. Student Name

Last Name										First Name										MI
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

3. Gender

Male

Female

5. Birth Date

Month	Day	Year
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	0 0	0
<input type="radio"/> Apr	1 1	1
<input type="radio"/> May	2 2	2
<input type="radio"/> Jun	3 3	3
<input type="radio"/> Jul	4 4	4
<input type="radio"/> Aug	5 5	5
<input type="radio"/> Sep	6 6	6
<input type="radio"/> Oct	7 7	7
<input type="radio"/> Nov	8 8	8
<input type="radio"/> Dec	9 9	9

4. Ethnicity

White (non-Hispanic)

African American

Hispanic

Asian/Pacific Islander

American Indian/Alaskan Native

Other

6. Student Accountability Status

6a. This student was enrolled for a full academic year (any 100 instructional days) at: (Mark only one.)

This school

Another school in this district  
Enter school code →

Multiple schools in this district

Another school in another district  
Enter school code →

Multiple schools in another district  
Enter district code →

This student was NOT enrolled in any single Kentucky public school or district for a full academic year

Code District/School				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

6b. If this student should be excluded from accountability, what is the reason? (Mark only one.)

Foreign Exchange Student

Medical Exemption (pending Kentucky Department of Education approval)

Expelled and not receiving services as provided for in KRS 158.150(2)

Limited English Proficient student who is in the first year of enrollment in a U.S. school

Moved out of Kentucky public schools during testing window

Other (Please provide explanation on Student Roster.)

PLACE STUDENT PRECODE LABEL HERE



7. For School Use Only

SSID

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

A Student Response Booklet MUST be completed for ALL students enrolled on the first day of the testing window, except for students enrolled in the Alternate Portfolio Program. **Authorized school personnel should complete information on this page.**

**8a. Does this student participate in the Title I Migrant Program?**

Yes

**8b. If YES, is the student in the first year of eligibility?**

Yes

**9. If the school is a Title I Targeted Assistance School, does this student participate in the Title I Basic Program?**

Yes

*(NOTE: If the school has NO Title I program OR if the school has a schoolwide Title I program, SKIP THIS QUESTION.)*

**10a. Is this student currently identified as Limited English Proficient (LEP) based on the results of a state-approved English language proficiency assessment in conjunction with professional judgment? (If no, skip to 10c.)**

Yes

**10b. If YES, which accommodations or modifications, if any, were used?**

- Paraphrasing or repeating directions
- Paraphrasing in English or in student's primary language
- Interpreter/translator
- Using bilingual dictionaries/glossaries
- Personal cueing systems
- Reader (oral administration)
- CATS Online
- Other technology
- Scribe (dictation)
- Extended time

**10c. Has this student exited from LEP status into monitored status in the preceding two school years (2004–2005 or 2005–2006) based on the results of a state-approved English language proficiency assessment in conjunction with professional judgment?**

Yes

**11. If this student participated in Extended School Services this school year, mark all that apply.**

- Before the school day
- During the school day
- After the school day
- Intersession
- Summer school in previous year

**12. Is this student eligible to participate in the free/reduced lunch program?**

- Free lunch
- Reduced lunch

*Information in this box shall be completed by authorized school personnel at the conclusion of testing.*

## DISABILITY STATUS

**13a. Does this student have on file:**  an IEP?  a 504 Plan?

**13b. If YES, what is the primary disability? (Mark only one.)**

- Autism
- Deaf-Blindness
- Emotional-Behavioral Disability
- Functional Mental Disability
- Hearing Impairment
- Mild Mental Disability
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech or Language Disability
- Traumatic Brain Injury
- Visual Impairment
- Other disability under Section 504

**13c. Which accommodations, if any, were used?**

- Paraphrasing or repeating directions
- Interpreter
- Personal cueing systems
- Reader (oral administration)
- CATS Online
- Other technology
- Scribe (dictation)
- Extended time
- Audiotape
- Other

**14. If this student is identified as gifted/talented, choose one or both bubbles to specify the area(s) of gifted/talented identification, cognitive and/or non-cognitive. Cognitive includes General Intellectual & Specific Academic area(s). Non-cognitive includes Visual/Performing Arts, Leadership & Creativity.**

- Cognitive
- Non-cognitive

**DO NOT MARK ON THIS PAGE.**

For Measured Progress Use Only							
Research Grid							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9



# READING-PART A

- 8. (A) (B) (C) (D)
- 9. (A) (B) (C) (D)
- 10. (A) (B) (C) (D)

- 11. (A) (B) (C) (D)
- 12. (A) (B) (C) (D)
- 13. (A) (B) (C) (D)

- 14. (A) (B) (C) (D)

*Do not write outside this box.*

15.

**STOP!** 

**READING-PART B**

- 16.  A  B  C  D
- 17.  A  B  C  D
- 18.  A  B  C  D

- 19.  A  B  C  D
- 20.  A  B  C  D
- 21.  A  B  C  D

*Do not write outside this box.*

**22.**

READING-PART B

23. (A) (B) (C) (D)

24. (A) (B) (C) (D)

25. (A) (B) (C) (D)

26. (A) (B) (C) (D)

27. (A) (B) (C) (D)

28. (A) (B) (C) (D)

29. (A) (B) (C) (D)

**STOP!** 

**DO NOT WRITE IN THIS SPACE.**

# READING-PART C

- 30. (A) (B) (C) (D)
- 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)
- 38. (A) (B) (C) (D)

- 39. (A) (B) (C) (D)
- 40. (A) (B) (C) (D)
- 41. (A) (B) (C) (D)

- 42. (A) (B) (C) (D)

*Do not write outside this box.*

43.

**STOP!** 

# MATHEMATICS-PART A

- 1.  A  B  C  D
- 2.  A  B  C  D
- 3.  A  B  C  D

- 4.  A  B  C  D
- 5.  A  B  C  D
- 6.  A  B  C  D

- 7.  A  B  C  D
- 8.  A  B  C  D
- 9.  A  B  C  D

- 10.  A  B  C  D
- 11.  A  B  C  D
- 12.  A  B  C  D

*Do not write outside this box.*

13.

# MATHEMATICS—PART A

*Do not write outside this box.*

14.

**STOP!** 

# MATHEMATICS—PART B

15.  A  B  C  D  
16.  A  B  C  D  
17.  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

24.  A  B  C  D  
25.  A  B  C  D  
26.  A  B  C  D

27.  A  B  C  D  
28.  A  B  C  D

*Do not write outside this box.*

29.



# MATHEMATICS—PART B

*Do not write outside this box.*

30.

**STOP!** 

# MATHEMATICS—PART C

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

38.  A  B  C  D

39.  A  B  C  D

40.  A  B  C  D

41.  A  B  C  D

42.  A  B  C  D

*Do not write outside this box.*

43.

**STOP!** 

## STUDENT QUESTIONNAIRE

1. (A) (B) (C)

7. (A) (B)

13. (A) (B) (C) (D)

19. (A) (B) (C) (D)

25. (A) (B) (C) (D)

2. (A) (B) (C)

8. (A) (B)

14. (A) (B) (C) (D)

20. (A) (B) (C) (D)

26. (A) (B) (C) (D)

3. (A) (B)

9. (A) (B)

15. (A) (B) (C) (D)

21. (A) (B) (C) (D)

4. (A) (B)

10. (A) (B)

16. (A) (B) (C) (D)

22. (A) (B) (C) (D)

5. (A) (B)

11. (A) (B)

17. (A) (B) (C) (D)

23. (A) (B) (C) (D)

6. (A) (B)

12. (A) (B) (C) (D)

18. (A) (B) (C) (D)

24. (A) (B) (C) (D)

**DO NOT MARK ON THIS PAGE.**

## Classroom Teacher Judgment

For Teacher Use Only				
	N	A	P	D
Reading	(N)	(A)	(P)	(D)
Mathematics	(N)	(A)	(P)	(D)

