

School	<i>school name</i>	MDTP School Code	<b>012345</b>
Teacher Name		Email Address	

## MDTP Teacher Instruction Checklist

Return this sheet with your scoring. (Copy as needed for your records)

- I have filled in a **Class Information Sheet** for every class period tested following the instructions provided on the reverse side of this checklist.
- I have double-checked each answer sheet for the following:
  - pencil used only
  - first and last names are written in the spaces provided
  - all names are bubbled in completely and correctly
  - sheets are free of extraneous marks, bends or tears
- I packaged the items to be scored by having:
  - placed a Class Information Sheet on top of the corresponding answer sheets
  - avoided using paper clips or staples as these would jam the MDTP scanner
  - enclosed only class tests for one teacher per envelope
  - enclosed this sheet with my name and email entered at the top of the sheet
  - conferred with other teachers, department chair or math coach to combine mailing into a larger package

Please be aware:

- \* MDTP's scanner machine is very precise. All names and other information must be bubbled in carefully to have accurate results.
- \* **MDTP intends for teachers and schools to retain test booklets for repeated use.** Check test books for writing and erase inappropriate or stray marks. Do not return test booklets or any scratch paper used by the student. Store booklets in a secure place.

***Our funding depends on your scoring with us. Thank you for using MDTP!***

Contact information for UCLA MDTP offices	
For educational and administrative use of exams	To inquire regarding materials and scoring
Mary Sirody, UCLA MDTP Director <a href="mailto:msirody@math.ucla.edu">msirody@math.ucla.edu</a> (310)825-0798	Danny Monge <a href="mailto:mdtp@ucla.edu">mdtp@ucla.edu</a> (310) 825-2495
<b>Mailing Address</b> UCLA Mathematics Diagnostic Testing Project Shipping and Scoring Lab, Math Sciences Bldg - 2351 520 Portola Plaza, Box 951555 Los Angeles, CA 90095-1555	

# Class Information Sheet Instructions

- Use a No. 2 pencil
- Complete one Class Information Sheet for **each** class

Print and bubble in the **MONTH** and **YEAR** of the testing date.

Print all requested **information** in the header (Please include the zip code in the school address)

Print and bubble in both the **LAST** and **FIRST** NAME of the classroom teacher.

Print and bubble in the 7-digit **TEST TYPE** number found on the bottom front of each test booklet. **The exams cannot be scored without this number!**

Print the **NAME** of **TEST** used

Bubble in your **COURSE**

Print and bubble in the **CLASS PERIOD**. (If the class period is not 1-8, choose the closest number)

Print and bubble in the **SCHOOL CODE**:  
01234

**CSU/UC MATHEMATICS DIAGNOSTIC TESTING PROJECT**  
**Class Information Sheet**

USE NO. 2 PENCIL ONLY

School Name \_\_\_\_\_  
 School Address \_\_\_\_\_ City \_\_\_\_\_  
 District \_\_\_\_\_  
 Telephone No. ( ) \_\_\_\_\_ No. of Answer Sheets Attached \_\_\_\_\_

TEACHER'S FULL NAME \_\_\_\_\_  
 Mr.   
 Ms.   
 Dr.

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

**THIS IS ESSENTIAL**

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

Name of Test Used \_\_\_\_\_

COURSE	PERIOD
Any Course Prior to Those Listed Below	1
Beginning Algebra	2
Geometry	3
Second-Year Algebra	4
Integrated I	5
Integrated II	6
Integrated III	7
Any Course Following Those Listed Above	8

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**FOR MDTP OFFICE USE ONLY**

SCHOOL CODE	FILE NUMBER
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9