

TELPAS Score Code and OP Code Change Form

This form may be duplicated.

District Name _____ County District Number

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 Test Administration Year _____ Grade _____ P.O. Number _____

There is a \$100 processing charge per order plus applicable per-student costs. Please check the reports you want rerun:

- No Reports
 Confidential Student Report (CSR) \$0.14 per student
 Confidential Student Label \$0.14 per student
 Campus and District Summary Reports \$0.14 per student, districtwide

Please submit all score code changes at one time to avoid additional processing charges.

STUDENT INFORMATION

CURRENT INFORMATION	SCORE CODE CHANGES																																	
<p>STUDENT</p> <p>LAST NAME _____</p> <p>FIRST NAME _____</p> <p>MIDDLE INITIAL _____</p> <p>BIRTH DATE ____/____/____</p> <p>PEIMS ID NUMBER _____</p> <p>DOCUMENT NUMBER _____</p> <p style="font-size: small; margin-top: 10px;"><i>(Document number is boxed in lower left-hand corner of the Confidential Student Report)</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Subject Area</th> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> </tr> </thead> <tbody> <tr> <td>Listening</td> <td style="text-align: center;">X EC S B</td> <td style="text-align: center;">X EC S</td> </tr> <tr> <td>Speaking</td> <td style="text-align: center;">X EC S B</td> <td style="text-align: center;">X EC S</td> </tr> <tr> <td>Writing</td> <td style="text-align: center;">X EC S B</td> <td style="text-align: center;">X EC S</td> </tr> <tr> <td>Reading K-1</td> <td style="text-align: center;">X EC S B</td> <td style="text-align: center;">X EC S</td> </tr> <tr> <td>Reading 2-12</td> <td style="text-align: center;">A N X O * S</td> <td style="text-align: center;">A N X O * S</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Subject Area</th> <th style="text-align: center;">From</th> <th style="text-align: center;">To</th> </tr> </thead> <tbody> <tr> <td>Listening</td> <td style="text-align: center;">No Rating B I A H</td> <td style="text-align: center;">B I A H</td> </tr> <tr> <td>Speaking</td> <td style="text-align: center;">No Rating B I A H</td> <td style="text-align: center;">B I A H</td> </tr> <tr> <td>Writing</td> <td style="text-align: center;">No Rating B I A H</td> <td style="text-align: center;">B I A H</td> </tr> <tr> <td>Reading K-1</td> <td style="text-align: center;">No Rating B I A H</td> <td style="text-align: center;">B I A H</td> </tr> </tbody> </table> <p>Reason for Change: _____</p>	Subject Area	From	To	Listening	X EC S B	X EC S	Speaking	X EC S B	X EC S	Writing	X EC S B	X EC S	Reading K-1	X EC S B	X EC S	Reading 2-12	A N X O * S	A N X O * S	Subject Area	From	To	Listening	No Rating B I A H	B I A H	Speaking	No Rating B I A H	B I A H	Writing	No Rating B I A H	B I A H	Reading K-1	No Rating B I A H	B I A H
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Signature of District Testing Coordinator _____ Print Name _____ Date _____ Telephone # _____

Sign and return to: Pearson
 400 Center Ridge Dr., Suite F
 Austin TX 78753
FAX: (512) 989-5375

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For PEM Use Only			
Date _____	File # _____	PGM-SSN _____	Due in District _____