

ELEMENTARY SCHOOL PERMANENT OFFICE RECORD

PUPIL NUMBER	LAST NAME	FIRST	MIDDLE	BIRTHDATE	BIRTHPLACE
NAME OF PARENT OR GUARDIAN – TELEPHONE				AUTHORITY FOR BIRTHDATE:	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL
LATEST ADDRESS (IN PENCIL)			DATE ENTERED SCHOOL	ENTERED THIS SCHOOL	
ENTERED FROM:					

NAME OF ELEMENTARY SCHOOL	ATTENDANCE					SUBJECTS & MARKS*								SPECIAL COMMENTS		
	GRADE	SCHOOL YEAR	DAYS PRESENT	DAYS ABSENT	TARDY	READ. GROUP	LANG. ARTS	READING	SOCIAL STUDIES	ARITH.	SCIENCE	ART	MUSIC		PHYSICAL EDUC.	

STANDARDIZED TEST RECORD

SCHOOL	DATE	GRADE	NAME OF TEST	FORM	SCORE	C.A.	M.A.	I.Q. OR G.E.	%TILE

Iowa Tests of Basic Skills

***MARKING SYSTEM**

- | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 4 – 6
A – EXCELLENT
B – GOOD
C – FAIR
D – POOR
F – FAILING | K – 3
1 – OUTSTANDING
2 – ABOVE AVERAGE
3 – AVERAGE
4 – BELOW AVERAGE
5 – UNSATISFACTORY |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

DATE LEFT THIS SCHOOL: _____

REASON: _____

ALL RATINGS BASED ON TEACHER JUDGMENT AT THE END OF THE YEAR.