

NEW TRIER TEST CENTER

DATE : _____

TEACHER NAME: _____

STUDENT NAME: _____

TESTING DETAILS

☐ TIME LIMIT: _____ MINUTES

MUST SPLIT IF OVER 40 MINUTES

☐ SPLIT TEST OVER 2 NON-CONSECUTIVE PERIODS

TEACHER MUST PHYSICALLY SPLIT TEST OR WHOLE TEST WILL BE GIVEN TO STUDENT

PART 1 TIME: _____ PART 2 TIME: _____

☐ MCL AUDIO, FILE NAME: _____

PLACE FILE IN: READ_DROP > DROP > MCL LISTENING > YOUR LAST NAME

☐ CANVAS QUIZ PASSWORD: _____

☐ LOCKDOWN BROWSER PASSWORD: _____

ASSISTIVE MATERIALS ALLOWED

CHECK ALL THAT APPLY

☐ CALCULATOR, PLEASE INDICATE TYPE ALLOWED:
☐ NONE ☐ 4 FUNCTION ☐ SCIENTIFIC ☐ TI NSPIRE (CAS)

☐ NOTE CARD ☐ SUBMIT NOTE CARD WITH TEST

☐ NOTES ☐ SUBMIT NOTES WITH TEST

☐ OPEN BOOK

☐ PERIODIC TABLE ☐ PERIODIC TABLE STICKER

☐ RULER

☐ PROTRACTOR

☐ OTHER: _____

PRINT

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