

Request for Oregon Assessment Scores

	[Name of School]	
	ceive my child/ward's state assessment sco 2 Assessment Partner) to assist the school	res from the Douglas Education Service with gaining further insight to my student's
Student's Legal	Name	
_	[Please print]	
<u>Requesti</u>	ing data for:	
School Year:		Year:
School Y	fear: School	Year:
Parent/Legal Gu	ardian Signature/Date DTC o	r Principal's Signature/Date
	d by the Requesting School:	
Please indicate which for	mat you would like the information in (sel	ect all that apply):
Scores via Phone:	Secure File Transfer - Roster Report :	Secure File Transfer - Combined ISR:
(RIT scores only)	(includes strand information)	(high score only)
Please send/provide inf Name:	ormation to:	
Phone Number:		
T 111		

Year: Year: Year: Year: Year: Math Math Math Math Math Reading Reading Reading Reading Reading Science Science Science Science Science WR WR WR WR WR Soc. Science Soc. Science Soc. Science Soc. Science Soc. Science ELPA ELPA ELPA ELPA ELPA Assessment staff sign-off and date completed:

Partners with schools for children