

# ParScore® TEST FORM

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SUBJECT \_\_\_\_\_

DATE \_\_\_\_\_ HOUR/ DAY \_\_\_\_\_

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T F  
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5 A B C D E  
6 A B C D E  
7 A B C D E  
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96 A B C D E  
97 A B C D E  
98 A B C D E  
99 A B C D E  
100 A B C D E

**DIRECTIONS**

USE NO. 2 PENCIL ONLY

- MAKE DARK MARKS
- ERASE COMPLETELY TO CHANGE
- EX.  A  B  C  D  E

**I.D. NUMBER**

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

**TEST FORM**

A  B  C  D

**EXAM NUMBER**

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

SIDE 1

FEED THIS DIRECTION

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