

MARKING INSTRUCTIONS



Use a No. 2 pencil only.
Make solid marks that fill in the response completely.
Make no stray marks on this form.

CORRECT: ●

INCORRECT: ○

DISTRICT IDENTIFICATION SHEET

For All MI-Access Assessments

Directions

TO COMPLETE:

1. Verify all preprinted information. If the preprinted district name and/or code is incorrect, please ask your district MSDS (formerly known as SRSD) coordinator to notify CEPI of any changes.
2. If the preprinted information for the District MI-Access Coordinator is incorrect, please change it in the Educational Entity Master (EEM).
3. Mark whether the assessment results should be returned to the District Superintendent or the District MI-Access Coordinator.
4. Verify that the preprinted code is correct.



TURN THE SHEET OVER AND COMPLETE AS DIRECTED.

TO RETURN:

- Return to Questar Assessment, Inc., the MI-Access contractor. (See instructions on the *Return of Materials Packet* and in the *Coordinator and Assessment Administrator Manual*.)

If you have any questions after reviewing the *Coordinator and Assessment Administrator Manual*, call 877-560-8378 to connect to the MI-Access Toll-free Hotline or send an e-mail message to mi-access@QuestarAI.com.

1. DISTRICT NAME AND STATE-ASSIGNED CODES

DISTRICT NAME: _____

DISTRICT CODE: _____

2. DISTRICT MI-ACCESS COORDINATOR INFORMATION

This is the District MI-Access Coordinator information that is on file in the Educational Entity Master (EEM). If it is incorrect, the EEM must be used to update information. **MAKE NO CHANGES BELOW.**

District MI-Access Coordinator: _____

Phone: _____

E-mail: _____

3. RETURN RESULTS TO:

District Superintendent

District MI-Access Coordinator

4. DISTRICT CODE

Verify District Code

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

CONTRACTOR USE ONLY

- DID-M
- DID-NC
- SID-M
- SID-NC
- TID-M
- TID-NC
- PCS
- MIB
- DNP
- A
- B



| 5. School Name and School Code | 6. No. of Teacher Return Envelopes | CONTRACTOR USE ONLY | 7. No. of Completed Student Answer Documents <small>Participation, Supported Independence, and/or Functional Independence</small> | CONTRACTOR USE ONLY |
|--------------------------------|------------------------------------|---------------------|--|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
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| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| | TOTAL no. of envelopes | | TOTAL no. of answer documents | |

Directions (continued)

5. Verify the information preprinted below. Add the name and code of any participating school that is not listed. If you need additional lines, use the *District Continuation Sheet(s)*. Each preprinted school name and code on this form must match those on the *School Identification Sheets* submitted with the completed student answer documents.

6. Transfer the number of *Teacher Return Envelopes* submitted for each school by taking the number in Section 6 of the *School Identification Sheet* and placing it in Column 6 below. After transferring the numbers for each school, total Column 6.

7. Verify and transfer the number of completed student answer documents submitted for each school by taking the number in Section 7 of the *School Identification Sheet* and placing it in Column 7 below. After transferring the numbers for each school, total Column 7.

DISTRICT IDENTIFICATION SHEET

