

← DO NOT WRITE ON THIS AREA →

Tracking Of Programs and Students

TRUS-008

PRACTICE			
1	A	B	C
2	A	B	C
3	A	B	C

Test Record

Agency #							
Site #							

1 **Franklin Benjamin**
 Student Last Name First Middle

2 **Instructor's Name** **D.O.B (02/22/1980)**
 Instructor Name

Directions for marking answers

- Use No. 2 pencil only
- Do NOT use ink or ballpoint pen
- Make dark marks that fill rectangle completely
- Erase cleanly any answers you change

Right			
0	<input checked="" type="radio"/>	2	3
Wrong			
<input checked="" type="radio"/>	1	2	3
0	1	<input checked="" type="radio"/>	3

(D.O.B. REQUIRED ONLY IF MISSING STUDENT I.D.)

- TEST**
- 1 A B C D
 - 2 A B C D
 - 3 A B C D
 - 4 A B C D
 - 5 A B C D
 - 6 A B C D
 - 7 A B C D
 - 8 A B C D
 - 9 A B C D
 - 10 A B C D
 - 11 A B C D
 - 12 A B C D
 - 13 A B C D
 - 14 A B C D
 - 15 A B C D
 - 16 A B C D
 - 17 A B C D
 - 18 A B C D
 - 19 A B C D
 - 20 A B C D
 - 21 A B C D
 - 22 A B C D
 - 23 A B C D
 - 24 A B C D
 - 25 A B C D
 - 26 A B C D
 - 27 A B C D
 - 28 A B C D
 - 29 A B C D
 - 30 A B C D
 - 31 A B C D
 - 32 A B C D
 - 33 A B C D
 - 34 A B C D
 - 35 A B C D
 - 36 A B C D
 - 37 A B C D
 - 38 A B C D
 - 39 A B C D
 - 40 A B C D
 - 41 A B C D
 - 42 A B C D
 - 43 A B C D
 - 44 A B C D
 - 45 A B C D
 - 46 A B C D
 - 47 A B C D
 - 48 A B C D
 - 49 A B C D
 - 50 A B C D

3 **STUDENT IDENTIFICATION** **4** **FORM NUMBER** **5** **TEST DATE**

2	0	0	8	7	6	5	4
0	0	<input checked="" type="radio"/>	<input checked="" type="radio"/>	0	0	0	0
1	1	1	1	1	1	1	1
2	<input checked="" type="radio"/>	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	<input checked="" type="radio"/>
5	5	5	5	5	5	5	<input checked="" type="radio"/>
6	6	6	6	6	6	6	6
7	7	7	7	<input checked="" type="radio"/>	7	7	7
8	8	8	8	<input checked="" type="radio"/>	8	8	8
9	9	9	9	9	9	9	9

Is this your Social Security #? Yes No

0	8	1	R
<input checked="" type="radio"/>	0	0	<input checked="" type="radio"/>
1	1	<input checked="" type="radio"/>	M
2	2	2	L
3	3	3	W
4	4	4	S
5	5	5	G
6	6	6	C
7	7	7	
8	<input checked="" type="radio"/>	8	
9	9	9	

Jul	10	10
Jan <input type="checkbox"/>	0 <input checked="" type="radio"/>	200 <input type="radio"/>
Feb <input type="checkbox"/>	<input checked="" type="radio"/> 1	200 <input type="radio"/> 1
Mar <input type="checkbox"/>	2 <input type="radio"/>	200 <input type="radio"/> 2
Apr <input type="checkbox"/>	3 <input type="radio"/>	200 <input type="radio"/> 3
May <input type="checkbox"/>	4 <input type="radio"/>	200 <input type="radio"/> 4
Jun <input type="checkbox"/>	5 <input type="radio"/>	200 <input type="radio"/> 5
Jul <input checked="" type="radio"/>	6 <input type="radio"/>	200 <input type="radio"/> 6
Aug <input type="checkbox"/>	7 <input type="radio"/>	200 <input type="radio"/> 7
Sep <input type="checkbox"/>	8 <input type="radio"/>	200 <input type="radio"/> 8
Oct <input type="checkbox"/>	9 <input type="radio"/>	200 <input type="radio"/> 9
Nov <input type="checkbox"/>		201 <input checked="" type="radio"/>
Dec <input type="checkbox"/>		201 <input type="radio"/> 1

6 **CLASS NUMBER** **7** **INSTRUCTIONAL PROGRAM** **8** **HOURS OF INSTRUCTION*** **9** **RAW SCORE**

				9	9	1	0
0	0	0	0	0	0	0	<input checked="" type="radio"/>
1	1	1	1	1	1	1	<input checked="" type="radio"/>
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	9	9

7 INSTRUCTIONAL PROGRAM (Mark one)

8 HOURS OF INSTRUCTION*

9 RAW SCORE

10 TEST 1 **11** TEST 2 **12** TEST 3 **13** TEST 4

LEAVE BLANK

LEAVE BLANK

LEAVE BLANK

Student does not yet have the skills to be tested.

* = required for TOPSpro software