

TEST COVER SHEET

DATE: _____

TEACHER'S NAME: _____

STUDENT'S NAME: _____

TIMING:

- ☐ Limited to _____ minutes
- ☐ Extended time: additional _____ minutes
- ☐ Take test page by page

TEST AIDS ALLOWED:

- ☐ None
- ☐ Textbook
- ☐ Notes/Handouts
- ☐ Student TI-Nspire Calculator
- ☐ May ONLY USE Test Center Provided TI-Nspire Calculator
- ☐ TI-84 graphing calculator
- ☐ Non-graphing Calculator
- ☐ No Calculator allowed

ADDITIONAL INSTRUCTIONS:
