

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
- Testing Center Provided TI-Nspire Calculator
- TI-84
- Non-graphing Calculator
- No Calculator allowed

ADDITIONAL INSTRUCTIONS:

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