

**OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION**  
**Request to Review Education Records**  
**Spring 2005 WASL**



*Please complete one form per student*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**First MI Last Date of Birth State Student Identification**  
**Printed Student Name Number (SSID – 10 digits)**

A form must be completed for each year of the test to be reviewed. The 10-digit SSID number can be obtained from your school district. You will be contacted by OSPI after the receipt of this form to schedule a review date for the requested materials.

Test administration includes proctoring, scoring, and reporting, therefore tests should be available for review by September 1, 2005. You will be contacted by OSPI when tests are available to schedule a release date for the requested materials. A request to review 2005 WASL test booklets must be made by February 1, 2006. Field tests (pilots) of items are conducted either as embedded or stand-alone pilots. Stand-alone pilots are not associated with individual students and do **not** become a part of a student's education record. Therefore, a review of the spring 2005 reading and mathematics pilot tests at grades 3, 5, 6, and 8 or previously administered pilots is not available.

**Protocol for Parent/Guardian Review of State Assessment Records**

- Two state/district employees must be present during viewing.
- Parents/guardians must sign Certification Form prior to viewing.
- A copy of Certification Form must be provided to parents/guardians.
- Test materials may only be viewed—no recording, deleting, or altering permitted.
- To facilitate scheduling the viewing session will be limited to one hour per child for each test year.
- No note taking is allowed during the viewing.

\_\_\_\_\_  
**Grade Group (teacher) School Name District Name**

- 2005 Reading**
- 2005 Writing**
- 2005 Mathematics**
- 2005 Science**

\_\_\_\_\_  
 Print Parent Name Signature Date

\_\_\_\_\_  
 Street Address (Apt Number) (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
 Daytime Telephone Ext \_\_\_\_\_

\_\_\_\_\_  
 City/State/Zip Email

Return to: **Dr. Paul Dugger, State Test Coordinator**  
**Office of Superintendent of Public Instruction**  
**PO Box 47200**  
**Olympia WA 98504-7200**

For OSPI Use Only					
_____ Date Rcd	_____ Date Req PEM	_____ Date Rcd PEM	_____ Date Snt Dst	_____ Date Ret Dst	_____ Date Ret PEM