Missouri Assessment Program 2009

SCHOOL/GROUP LIST

District Name: _____ County/District Code: ____-____

School Name: _____ School Code: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

PLEASE READ INSTRUCTIONS BELOW COMPLETELY BEFORE BEGINNING:

1. Create an entry below for every Group Information Sheet (GIS) completed for your school.
2. If you have too many groups to fit on one page, you may photocopy this form.
3. Use a separate School/Group List for each school.
4. Reminder—only **ONE** book per student should be submitted. If multiple books for any student are identified, please ensure that all responses are transcribed into a single book of the same form.

CTB Use	Group Name (MUST BE IDENTICAL TO "TEACHER NAME" FIELD ON GIS)	Grade	Number of Scorable Books	CTB Use Did Not Receive

Organization Number: **M002009** Testing Program: **001** SO Number: **60801**

Organization Name: **MISSOURI SPRING 2009** Element Name:

Thank you for providing us with your contact information. We will use this information only to fulfill your order. We store this information in a secure database at CTB/McGraw-Hill in the U.S. For more information on our privacy practices, send an email to the privacy official at privacyofficer@ctb.com. If you would like more information on The McGraw-Hill Companies Customer Privacy Policy, please visit http://www.mcgraw-hill.com/privacy.html