

Last Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ System Name: \_\_\_\_\_  
 Date of Birth: Month \_\_\_\_\_ Year \_\_\_\_\_

LAST NAME (FIRST 12 LETTERS)												FIRST NAME (FIRST 12 LETTERS)												MI
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	
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W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	

# GEORGIA GRADE 8 WRITING ASSESSMENT 2014

FORM NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

**DATE OF BIRTH**

Month	Day	Year
<input type="radio"/> Jan	<input type="text"/>	<input type="text"/>
<input type="radio"/> Feb	<input type="text"/>	<input type="text"/>
<input type="radio"/> Mar	00	19
<input type="radio"/> Apr	01	01
<input type="radio"/> May	02	02
<input type="radio"/> Jun	03	03
<input type="radio"/> Jul	04	20
<input type="radio"/> Aug	05	05
<input type="radio"/> Sep	06	06
<input type="radio"/> Oct	07	07
<input type="radio"/> Nov	08	08
<input type="radio"/> Dec	09	09

**GENDER**

Female  
 Male

**ETHNICITY (Choose one)**

Hispanic/Latino  
 Not Hispanic/Latino

**RACE (Choose all that apply)**

American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Other Pacific Islander  
 White

**GTID NUMBER**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

**STUDENT FTE IDENTIFICATION NUMBER**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

PLACE LABEL SO TOP OF NUMBER IS AT THIS SIDE.

\*1234567890\*

Last name, first, MI  
 Any High School  
 Sample County

ID: 123456789012

PLACE LABEL SO BOTTOM OF BARS IS AT THIS SIDE.

**SDU A**

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

**SDU B**

IR

IV

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7

**FOR TEACHER USE ONLY**

SRC	ACCOMMODATIONS	PARTICIPATION	
<input type="radio"/> 01	Accommodation Type <input type="radio"/> S <input type="radio"/> P <input type="radio"/> R <input type="radio"/> SC based on <input type="radio"/> IEP <input type="radio"/> EL/TPC <input type="radio"/> Sec. 504 IAP	EL Deferred <input type="radio"/> Y	
<input type="radio"/> 02		Conditional Administration <input type="radio"/> Y	PTNA <input type="radio"/> Y
<input type="radio"/> 03			
<input type="radio"/> 04			
<input type="radio"/> 05			
<input type="radio"/> 06	<input type="radio"/> 16		
<input type="radio"/> 07	<input type="radio"/> 17		
	<input type="radio"/> 18		
	<input type="radio"/> 19		
	<input type="radio"/> 20		

This test is to find out how well you write on a given topic in the time and space allowed. The test has five parts. Read the directions for each of these five parts carefully. The times given for each part are recommendations, not rules; if you finish any of the parts early, you may go on to the next part. Notice that you have two pages of lined space in this Answer Document on which to write your final draft. Keep in mind as you plan and write that your final copy must fit into this space.

Your paper will be read by persons like your teachers and scored on how well you express your ideas. In order for your paper to be scored properly, it is very important that you write on the assigned topic. Papers that consist of poetry, musical lyrics, or rap will not be scored. Additionally, papers that are offensive in language or content will not be scored. Papers must be written in English only.

**Part 1: Planning/Prewriting (15 minutes)**

Read your assigned topic on the Writing Topic Page. Use the Planning/Prewriting Pages for your prewriting. Preview the Writing Checklist to make sure you cover each of the points listed.

**Part 2: Draft (35 minutes)**

Using your prewriting, write a first draft of your paper on the Drafting Pages. Concentrate on getting your ideas on paper.

**Part 3: Revise (20 minutes)**

Review the Writing Checklist and then reread what you have written. Ask yourself if your ideas are expressed clearly and completely. Consider rearranging your ideas and changing words to make your paper more effective.

**Part 4: Prepare Final Draft (20 minutes)**

Rewrite your paper on pages 3 and 4 of the Answer Document. When you rewrite, make sure that you use a blue or black ink pen and that you write neatly. You may either print or write in cursive.

**Part 5: Proofread (10 minutes)**

Read your final draft carefully. Make any needed corrections or changes. You may strike through words, but do not use correction fluid.

PLEASE DO NOT WRITE IN THIS AREA



**SERIAL #**





