TEST COVER SHEET

DATE:		
TEACHER'S NAME:		
STUDENT'S NAME:		
TIMING:		
	□Limited to minutes	
	Extended time: additionalminutes	
	□Take test page by page	
TEST AIDS ALLOWED:		
	∟None	
	∟Textbook	
	□Notes/Handouts	
	□ Student TI-Nspire Calculator	
	☐ Testing Center Provided TI-Nspire Calculator	
	□TI-Inspire	
	□Non-graphing Calculator	
	□No Calculator allowed	
ADDITIONAL INSTRUCT	ONS:	
	TEST COVER SHEET	
	<u>1201 33 121 3122 </u>	
DATE:		
TEACHER'S NAME:		
STUDENT'S NAME:		
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ADDITIONAL INSTRUCT		