Jordan School District

UBSCT

Request to Add or Change Scores on Delta Management System

Schools should send this form to RaDean Meyers, Teacher Specialist, Accountability and Program Services, when requesting additions or changes to a students' UBSCT scores on the Delta Management System. Provide ALL requested information. Attach requisite supportive documentation.

Submitting Person's Signature:_____ **Position:**_____ **Phone:**_____
Administrator's Signature:_____ **School:**_____ **Date Submitted:**_____

First Name:	**Last Name:**	**Student #:**	**Current Grade:**	**Birth Date:**	**This is a request to :** □ **Add UBSCT scores** ***(Attach Documentation)*** □ **Change UBSCT scores** ***(Attach Documentation)*** □ **Search for UBSCT scores** □ **Enter scores from another state's high school exit exam** ***(Attach Documentation)***
If UBSCT was taken outside of the Jordan District, **where** and **when** did this student take the UBSCT? School:_____ District:_____ When_____		If the student took **another state's high school exit exam**, **where** and **when** did the student take the high school exit exam? School:_____ State:_____ When_____			***To be filled out by JSD Program Services:*** *Date* *Test* *Corrected Score* _____ *Reading* _____*P* _____ *Not Pass* _____ *Math* _____*P* _____ *Not Pass* _____ *Writing* _____*P* _____ *Not Pass* *Corrections made by:*
First Name:	**Last Name:**	**Student #:**	**Current Grade:**	**Birth Date:**	This is a request to : □ Add UBSCT scores *(Attach Documentation)* □ Change UBSCT scores *(Attach Documentation)* □ Search for UBSCT scores □ Enter scores from another state's high school exit exam *(Attach Documentation)*
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First Name:	**Last Name:**	**Student #:**	**Current Grade:**	**Birth Date:**	This is a request to : □ Add UBSCT scores *(Attach Documentation)* □ Change UBSCT scores *(Attach Documentation)* □ Search for UBSCT scores □ Enter scores from another state's high school exit exam *(Attach Documentation)*
If **UBSCT** was taken outside of the Jordan District, **where** and **when** did this student take the UBSCT? School:_____ District:_____ When_____		If the student took **another state's high school exit exam**, **where** and **when** did the student take the high school exit exam? School:_____ State:_____ When_____			***To be filled out by JSD Program Services:*** *Date* *Test* *Corrected Score* _____ *Reading* _____*P* _____ *Not Pass* _____ *Math* _____*P* _____ *Not Pass* _____ *Writing* _____*P* _____ *Not Pass* *Corrections made by:*

Ver. 12-1-05