

STAFFORD PUBLIC SCHOOLS

Stafford, Connecticut

20__ Connecticut MASTERY TEST (CMT)

Direct Assessment of Writing Test

Form to Request Review of Student Paper by CSDE's Scoring Contractor

DISTRICT _____

SCHOOL _____

STUDENT NAME _____

STUDENT DATE OF BIRTH _____

GRADE _____ STUDENT GENDER _____

Paper has been reviewed by trained personnel within the school district ___Yes ___No

District reviewer(s) concluded that the paper has been mis-scored ___Yes ___No

Superintendent's Name _____

Superintendent's Telephone _____

Superintendent's Signature _____

Send requests to: Steve Martin

CSDE

P.O. Box 2219, Room 344

Hartford, CT 06145-2219

Or Fax – 860-713-7030

Deadline to receive this form is _____

