



Oneida • Herkimer • Madison

BOCES

World Languages Checkpoint B Examination Student Answer Sheet

	Credit Earned	Rater's Initials
Part 1		
Part 2		
Part 3		
Part 4		
Total		

Language: Chinese French Italian Spanish

Student Name _____ Grade _____

Sex: Male Female School Building _____

Today's Date _____ School District _____
Month/Day/Year

Directions: Use only black or blue ink on this answer sheet. Answer all questions on this examination by bubbling in the answer choice that you have selected. Do NOT mark the checkbox next to each question. The checkbox will be used by exam raters during the scoring process.

Bubble Sheet Exemplars	
Acceptable	<input type="radio"/> ② ③ ④ OR <input checked="" type="checkbox"/> ② <input type="radio"/> ④
Not Acceptable	<input type="checkbox"/> ① <input checked="" type="checkbox"/> ② ③ ④ OR <input type="radio"/> ② ③ <input type="radio"/> ④ OR <input type="checkbox"/> ① <input checked="" type="checkbox"/> ③ <input type="radio"/> ④

Part 2A	Part 2B	Part 3A	Part 3B	Part 3C
<input type="checkbox"/> 1) ① ② ③ ④	<input type="checkbox"/> 10) ① ② ③ ④	<input type="checkbox"/> 16) ① ② ③ ④	<input type="checkbox"/> 21) ① ② ③ ④	<input type="checkbox"/> 26) ① ② ③ ④
<input type="checkbox"/> 2) ① ② ③ ④	<input type="checkbox"/> 11) ① ② ③ ④	<input type="checkbox"/> 17) ① ② ③ ④	<input type="checkbox"/> 22) ① ② ③ ④	<input type="checkbox"/> 27) ① ② ③ ④
<input type="checkbox"/> 3) ① ② ③ ④	<input type="checkbox"/> 12) ① ② ③ ④	<input type="checkbox"/> 18) ① ② ③ ④	<input type="checkbox"/> 23) ① ② ③ ④	<input type="checkbox"/> 28) ① ② ③ ④
<input type="checkbox"/> 4) ① ② ③ ④	<input type="checkbox"/> 13) ① ② ③ ④	<input type="checkbox"/> 19) ① ② ③ ④	<input type="checkbox"/> 24) ① ② ③ ④	<input type="checkbox"/> 29) ① ② ③ ④
<input type="checkbox"/> 5) ① ② ③ ④	<input type="checkbox"/> 14) ① ② ③ ④	<input type="checkbox"/> 20) ① ② ③ ④	<input type="checkbox"/> 25) ① ② ③ ④	<input type="checkbox"/> 30) ① ② ③ ④
<input type="checkbox"/> 6) ① ② ③ ④	<input type="checkbox"/> 15) ① ② ③ ④			
<input type="checkbox"/> 7) ① ② ③ ④				
<input type="checkbox"/> 8) ① ② ③ ④				
<input type="checkbox"/> 9) ① ② ③ ④				
Part 2 Total _____			Part 3 Total _____	