

File Layout for Testing Room Import

Required/Optional Field		Length	Position	Comments
R	Room Code	1	1	T=Test Room H=Homeroom
R	Student ID	9	2-10	Left fill with zeros
Required if Room Code = T Otherwise Leave blank	Measure	3	11-13	800=Grade 3 ELA 804=Grade 6 ELA 801=Grade 3 Math 805=Grade 6 Math 006=Grade 4 ELA 806=Grade 7 ELA 008=Grade 4 Math 807=Grade 7 Math 029=Grade 4 Science 009=Grade 8 ELA 802=Grade 5 ELA 010=Grade 8 Math 803=Grade 5 Math 034=Grade 8 Science
R	Room	8	14-21	Alpha/Numeric
O	Filler	4	22-25	
O	Teacher's Last Name	25	26-50	
O	Teacher's First Name	20	51-70	

***Room and Teacher name combinations must be unique.
For example: Room 101 can only be linked to Mrs. Smith**

The file has to be a fixed length text file delivered either in a PRN or TXT file format.

File name format: TR_DistrictName_Assessment_Year

(i.e.) TR_DistrictName_ELA3_2017

***All Test Room (TR) files MUST be emailed to Karen Barbaro at: kbarbaro@esboces.org AND Lisa Zwerling at: lzwerlin@esboces.org OR submitted through the sftp site. If the files are submitted through the sftp site, an email MUST be sent to kbarbaro@esboces.org AND lzwerlin@esboces.org indicating the files have been posted.**

PLEASE CALL Student Data Services at 631-218-4195 with any questions.