

How Much is too Much?



The amount of testing across the Country, State and Parish is an issue. Please help us collect information about what testing looks like for you throughout the year.

How does the frequency of testing affect the amount of time you are actually able to instruct your students?

School: _____ **Grade(s):** _____

Subject(s): _____

Please list below the types of test (other than weekly tests) you administer and their frequency. Feel free to attach a calendar. (See reverse-side of this flyer to list additional tests.)

Test Name:	Test Name:
Testing Date(s):	Testing Date(s):
Purpose of the Test:	Purpose of the Test:
Test Frequency:	Test Frequency:
Test Name:	Test Name:
Testing Date(s):	Testing Date(s):
Purpose of the Test:	Purpose of the Test:
Test Frequency:	Test Frequency:
Test Name:	Test Name:
Testing Date(s):	Testing Date(s):
Purpose of the Test:	Purpose of the Test:
Test Frequency:	Test Frequency:



