

**Picture Task**

**Connecticut State Department of Education  
Functional Writing Assessment Batching Form**

Site: \_\_\_\_\_ Address: \_\_\_\_\_

Writing Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Date: \_\_\_\_\_

**For ATDN Use Only**

<b>Student ID</b>	<b>Picture Task Pre-Test Date</b>	<b>Picture Task Pre-Test Form #</b>	<b>Picture Task Post-Test Date</b>	<b>Picture Task Post-Test Form #</b>	<b>Secondary Completion (HSC, GED, EDP), ABE or ESL</b>
Example: 000-00-0000	10/1/07	461	4/5/08	464	High School Credit English Class

<b>Pre-Test Score</b>	<b>Post-Test Score</b>
ATDN will enter scores here	

(9/07)

**Form E**