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Paper Based Testing: Assigning Test Forms

Version: 1.0
Date: Oct 2022
Classification: Public

When the checking in the PBT test taker via GPS, this is the info that is provided on screen:

OTP Code ✕

Candidate ID: [REDACTED]
 First Name: [REDACTED]
 Last Name: [REDACTED]
 OTP Code: [REDACTED]
 Result Id: **2448148**
 Stream Name: **The test code for this test taker is 2022109**

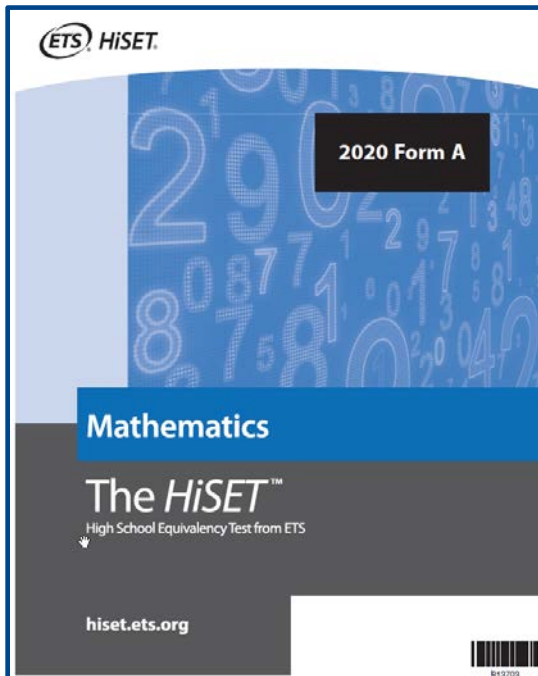
Note: If this is a Paper-Based Test, please instruct the test taker to bubble in the following numbers on their answer sheet prior to starting the test. For Field 4 Appointment Number, provide the Result ID of 2448148. For Field 7 Test Code, provide the Stream Name of 2022109

OK Print

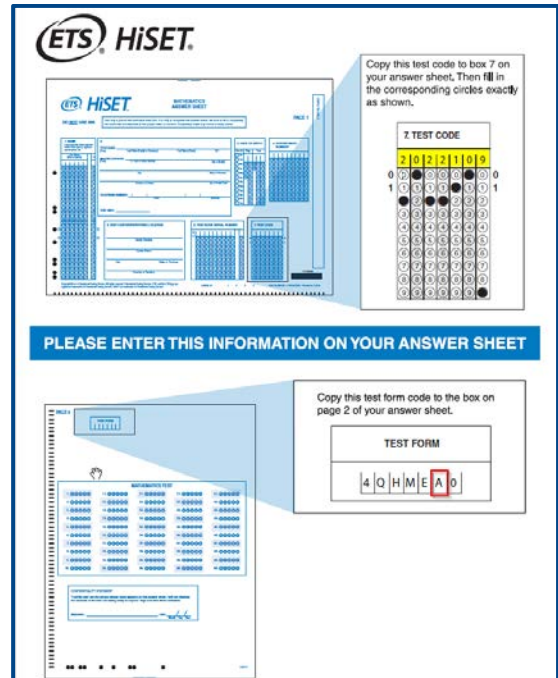
Stream Name: This is the Test Code which can be found on the back of the correct form booklet that should be provided to the Test Taker and should be bubbled in box 7 on the answer sheet

On Form A we can see that the stream name provided on the back of the booklet matches the Stream Name, 2022109, found in GPS.

Mathematics Form A Front Cover



Mathematics Form A Back Cover





Stream Name

ETS HiSET MATHEMATICS ANSWER SHEET PAGE 1

DO NOT USE INK

1. NAME: Last Name (Print), First Name (Print), Middle Initial (Print)

2. ADDRESS: Street or PO Box, City, State or Province, Country or Territory

3. DATE OF BIRTH: Month, Day, Year

4. APPOINTMENT NUMBER

5. TEST CODE

6. TEST CENTER/POSTING LOCATION: Center Number, Center Name, City, State or Province, Country or Territory

7. TEST BOOK SERIAL NUMBER

8. TEST CODE

Copy this test code to box 7 on your answer sheet, then fill in the corresponding circles exactly as shown.

7. TEST CODE

| | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 2 | 0 | 2 | 2 | 1 | 0 | 9 |
| 0 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please also note that the Form Name (A) correlates with the 6th character in the Form Code box on the back of the booklet.

PLEASE ENTER THIS INFORMATION ON YOUR ANSWER SHEET

PAGE 2

TEST FORM

MATHEMATICS TEST

COMPLETION STATEMENT

By filling in the bubbles above, you agree to this answer sheet, and you declare the contents of this sheet are being used to respond to the test which is indicated.


Copy this test form code to the box on page 2 of your answer sheet.

TEST FORM

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | Q | H | M | E | A | 0 |
|---|---|---|---|---|---|---|

Result ID: This is the Appointment Number which should be bubbled in box 4 on the answer sheet.

Note: PSI's Result ID is 7 digits, and the Appointment ID field expects 9. Please enter the 7-digit Result ID in the Appointment ID field starting at the left and leave the last two bubbles blank.



**MATHEMATICS
ANSWER SHEET**

PAGE 1

FOR ETS ONLY

DO NOT USE INK Use only a pencil with soft black lead (No. 2 or HB) to complete this answer sheet. Be sure to fill in completely the circle that corresponds to the proper letter or number. Completely erase any errors or stray marks.

1. NAME
Enter your last name and first initial. Omit spaces, hyphens, apostrophes, etc.

| Last Name (first 6 letters) | F | I |
|--------------------------------|---|---|
| A A A A A A | | |
| B B B B B B | | |
| C C C C C C | | |
| D D D D D D | | |
| E E E E E E | | |
| F F F F F F | | |
| G G G G G G | | |
| H H H H H H | | |
| I I I I I I | | |
| J J J J J J | | |
| K K K K K K | | |
| L L L L L L | | |
| M M M M M M | | |
| N N N N N N | | |
| O O O O O O | | |
| P P P P P P | | |
| Q Q Q Q Q Q | | |
| R R R R R R | | |
| S S S S S S | | |
| T T T T T T | | |
| U U U U U U | | |
| V V V V V V | | |
| W W W W W W | | |
| X X X X X X | | |
| Y Y Y Y Y Y | | |
| Z Z Z Z Z Z | | |

2.

YOUR NAME: _____
(Print) Last Name (Family or Surname) First Name (Given) M. I.

MAILING ADDRESS: _____
(Print) P.O. Box or Street Address Apt. # (if any)

City _____ State or Province _____

Country or Territory _____ Zip or Postal Code _____

TELEPHONE NUMBER: () _____ Home () _____ Business

TEST DATE: _____

3. DATE OF BIRTH

| Month | Day | Year |
|----------------------------|--------------------------|--------------------------|
| <input type="radio"/> Jan. | <input type="radio"/> 01 | <input type="radio"/> 00 |
| <input type="radio"/> Feb. | <input type="radio"/> 02 | <input type="radio"/> 01 |
| <input type="radio"/> Mar. | <input type="radio"/> 03 | <input type="radio"/> 02 |
| <input type="radio"/> Apr. | <input type="radio"/> 04 | <input type="radio"/> 03 |
| <input type="radio"/> May | <input type="radio"/> 05 | <input type="radio"/> 04 |
| <input type="radio"/> Jun. | <input type="radio"/> 06 | <input type="radio"/> 05 |
| <input type="radio"/> July | <input type="radio"/> 07 | <input type="radio"/> 06 |
| <input type="radio"/> Aug. | <input type="radio"/> 08 | <input type="radio"/> 07 |
| <input type="radio"/> Sep. | <input type="radio"/> 09 | <input type="radio"/> 08 |
| <input type="radio"/> Oct. | <input type="radio"/> 10 | <input type="radio"/> 09 |
| <input type="radio"/> Nov. | <input type="radio"/> 11 | <input type="radio"/> 10 |
| <input type="radio"/> Dec. | <input type="radio"/> 12 | <input type="radio"/> 11 |

4. APPOINTMENT NUMBER

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

5. TEST CENTER/REPORTING LOCATION

Center Number _____

Center Name _____

City _____ State or Province _____

Country or Territory _____


6. TEST BOOK SERIAL NUMBER

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| S | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

7. TEST CODE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

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