



## Idaho Reading Indicator Alternate (IRI Alt) Cover Sheet

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

EDUID: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Please fill out this form and attach to the Core Phonics or Student Based Assessment Measure (SAM) Record Form found at: <http://idahotc.com/alternate-assessment/Documents.aspx>

**Post mark by June 1 and mail to:**

Toni Wheeler  
Alternate Assessment Coordinator  
Idaho State Department of Education  
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[tcwheeler@sde.idaho.gov](mailto:tcwheeler@sde.idaho.gov)