

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

Implementation Date:

<b>Element Name:</b> <b>Adult Test Name</b>													
<b>Definition/Domain</b>													
<p>A three-character code representing the name of a test given to an individual student.</p> <table style="width:100%; border: none;"> <tr> <td style="width:60%;"><b>Test Name</b></td> <td style="width:40%;"><b>CODE</b></td> </tr> <tr> <td>Test of Adult Basic Education (TABE)</td> <td>TAB</td> </tr> <tr> <td>TABE CLAS E</td> <td>TBE</td> </tr> <tr> <td>Comprehensive Adult Student Assessment System (CASAS)</td> <td>CAS</td> </tr> <tr> <td>BEST-Plus</td> <td>BSP</td> </tr> <tr> <td>BEST Literacy</td> <td>BSL</td> </tr> </table>		<b>Test Name</b>	<b>CODE</b>	Test of Adult Basic Education (TABE)	TAB	TABE CLAS E	TBE	Comprehensive Adult Student Assessment System (CASAS)	CAS	BEST-Plus	BSP	BEST Literacy	BSL
<b>Test Name</b>	<b>CODE</b>												
Test of Adult Basic Education (TABE)	TAB												
TABE CLAS E	TBE												
Comprehensive Adult Student Assessment System (CASAS)	CAS												
BEST-Plus	BSP												
BEST Literacy	BSL												
<b>Length:</b> 3	<b>Grades and Programs Requiring This Data Element:</b>												
<b>Format:</b> Alphanumeric	Workforce Development Education (adult general education)												
<b>Compatibility Requirement:</b> Compatible													
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>												
<input checked="" type="checkbox"/> <b>State Report</b> <input type="checkbox"/> <b>Local Accountability</b> <input type="checkbox"/> <b>F.A.S.T.E.R.</b> <input type="checkbox"/> <b>Migrant Tracking</b>	Adult General Education Test Record												
<b>Data Element Number:</b>	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> X												
<b>Revised:</b>	<b>Volume I</b> <b>Effective:</b> <b>Page Number:</b>												