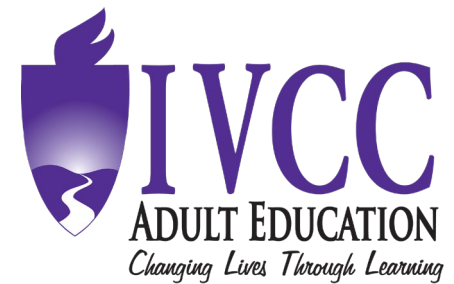




# ESL ORIENTATION

Orientación de ESL



# ESL Stands for English as a Second Language

## ESL significa INGLÉS como SEGUNDO IDIOMA

- ▶ El Departamento de Educación para Adultos de Illinois Valley Community College ofrece clases de ESL para estudiantes que:
  - ▶ quieren aprender inglés,
  - ▶ viven en el distrito de IVCC, y
  - ▶ tienen al menos 17 años y no están en la escuela.
- ▶ Los estudiantes de ESL son personas que se comprometen en:
  - ▶ Ir a clases,
  - ▶ llegar a tiempo, y
  - ▶ practicar hablar inglés fuera de clase.
- ▶ IVCC Adult Education Department offers ESL classes for students who:
  - ▶ want to learn English,
  - ▶ live in the IVCC district, and
  - ▶ are at least 17 years old and not in school.
- ▶ ESL students are people who make a commitment to:
  - ▶ go to class,
  - ▶ arrive on time, and
  - ▶ practice speaking English outside of class.

# The ESL Classroom

## El Salon de ESL

- ▶ Incluye a estudiantes de raíces multiculturales.
- ▶ Proporciona un ambiente de aprendizaje que es respetuoso y de apoyo para todos.
- ▶ Incluye lecciones desde el nivel principiante hasta un nivel avanzado.

- ▶ Includes students from multicultural backgrounds.
- ▶ Provides a learning environment that is respectful and supportive of all.
- ▶ Includes lessons from beginner to advanced level.



# Asistencia

- ▶ La asistencia es extremadamente importante.
- ▶ Cada ausencia es contada por el Estado de Illinois y después de 5 veces, el estudiante es dado de baja de la clase.
- ▶ Las clases de ESL son gratuitas porque la asistencia de los estudiantes es buena y hay evidencia de que los estudiantes están aprendiendo.
- ▶ Las pruebas previas y posteriores son la forma en que IVCC demuestra que los estudiantes están aprendiendo.
- ▶ Las pruebas previas se utilizan para ubicar a los estudiantes en una clase.
- ▶ Las pruebas posteriores se utilizan para demostrar que los estudiantes han aprendido (progresado) para que se pueden seguir ofreciendo clases gratuitas.

# Attendance

- ▶ Attendance is extremely important.
- ▶ Each absence is counted by the State of Illinois and after 5 times, the student is dropped from the class.
- ▶ ESL classes are free because student attendance is good and there is evidence that students are learning.
- ▶ Pre and post tests are IVCC's way of showing that students are learning.
- ▶ Pretests are used to place students in a class.
- ▶ Post-tests are used to show that students have learned (progressed) so that free classes can continue to be offered.

# Registration

# Registro

- ▶ Todos los estudiantes de Educación para Adultos son estudiantes de IVCC y tienen los mismos derechos y responsabilidades que cualquier otro estudiante en IVCC.
  - ▶ Los estudiantes de Educación para Adultos deben asistir a ORIENTACIÓN y deben INSCRIBIRSE para la clase a la que quieren asistir.
  - ▶ Las personas que se registren DEBEN tomar el PRE-TEST.
  - ▶ Las pruebas se utilizan para ubicar a los estudiantes en la mejor clase para ayudarlos a aprender.
  - ▶ La prueba dura aproximadamente una hora para estudiantes que regresan; para los nuevos estudiantes, la prueba toma alrededor de 1 1/2 horas.
- ▶ All students enrolled in Adult Education are IVCC students.
  - ▶ Adult Education (ESL and ABE) students have the same rights and responsibilities as any other student at IVCC.
  - ▶ People who want to be in Adult Education classes must attend ORIENTATION and REGISTER for the class they want to attend.
  - ▶ Registrants MUST take the PRE-TEST.
  - ▶ Tests are used to place students in the best class to help them learn.
  - ▶ The test lasts approximately one hour for returning students; for new students, the test takes about 1 ½ hours.

# Syllabus & Code of Conduct

## Plan de Estudios y Código de Conducta

- ▶ El Código de Conducta de Educación para Adultos describe las expectativas para el comportamiento de los estudiantes en el salón de clases.
  - ▶ Es solo una pequeña parte del Código de conducta de IVCC, que se aplica a todos los estudiantes en el campus.
- ▶ El plan de estudios de la clase de ESL proporciona un resumen de las habilidades y la información que aprenderá mientras asiste a las clases de ESL.
- ▶ The Adult Education Code of Conduct outlines the expectations for student behavior in the classroom.
  - ▶ It is just a small part of the IVCC Code of Conduct, which applies to every student on campus.
- ▶ The ESL Class Syllabus provides a summary of the skills and information you can expect to learn while attending ESL classes.

Tómese un momento para leer cada documento, luego firme sus iniciales en la esquina inferior derecha.

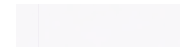
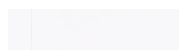
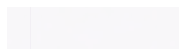
Please take a moment to review each document, then sign your initials in the bottom right corner.



# Registration Forms

## Formularios de Registro


- ▶ Usar el nombre que está en sus documentos legales (pasaporte, tarjeta verde, tarjeta de seguro social); use el mismo nombre en cada formulario.
- ▶ ESTO ES MUY IMPORTANTE. ASEGÚRESE DE QUE TODA LA INFORMACIÓN SEA EXACTA.
- ▶ Use the name that is on your legal documents (passport, green card, social security card); use the same name on each form.
- ▶ THIS IS VERY IMPORTANT. MAKE SURE ALL INFORMATION IS ACCURATE.



# Registration Forms

## Formularios de Registro

- 1: Social Security Number  
Numero de Seguro social, si tiene.
- 2: Name as it appears on your legal documents.  
Su nombre que está en sus documentos legales.
- 3: Address  
Dirección
- 4: E-mail  
Dirección de correo electrónico
- 5: Phone number  
Numero de teléfono
- 6: Date of birth  
Fecha de nacimiento
- 7: Emergency contact  
(name & phone number)  
Contacto de emergencia (nombre & numero de teléfono)
- 8: Language and ethnicity  
Idioma y etnia
- 9: Previous schools attended  
¿A donde asististe a la escuela anteriormente?
- 10: Where did you hear about us?  
¿Dónde se enteró de nuestro programa?



**FY \_\_\_ ABE/HSE/ELA STUDENT INTAKE FORM**

[Information provided will be kept confidential in accordance with the Family Educational Rights and Privacy Act of 1974 (P. L. 93-380)]

Office Use Only: Colleague # \_\_\_\_\_

I currently receive services from:  
 IDES – Illinois Dept. of Employment Services  
 DHS – Dept of Human Services or ORS – Office of Rehab Services  
 BEST – Business Employment Skills Team  
 N/A – Not Applicable

**STUDENT BIO and CONTACT INFORMATION**

1 Social Security Number: \_\_\_\_\_  
 I **do not** have a Social Security number.

2 Name: \_\_\_\_\_  
Last First Middle

3 Address: \_\_\_\_\_  
Street Address

4 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5 E-Mail: \_\_\_\_\_ County \_\_\_\_\_

6 Home: (\_\_\_\_) - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_\_

7 Birth date: \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Female  Male  
 Marital Status:  Single  Married  Divorced  Widow  
 Contact person \_\_\_\_\_ Phone \_\_\_\_\_

8 Is English your native language?  Yes  No  
 If no, what is your native language \_\_\_\_\_

Are you Hispanic or Latino?  Yes  No

Are you from one of the following racial groups? (select all that apply):  
 American Indian or Alaskan Native  Asian  Black or African American  
 Hispanic  Native Hawaiian or other Pacific Islander  White

9 **EDUCATION**  
 Education: Schools Attended?  School in U.S.  School outside of U.S.  
 Month/Year when last enrolled \_\_\_\_\_

10 Where did you hear about Adult Education classes?  
 Friend or Relative  Social Media  Employer  Flyer or Poster  
 Library  Community Organization  Other

11 Number of School Years Completed: (Please check one of the following):  
 No Schooling  Last Grade Completed: \_\_\_\_\_  Unknown  
 High School or Alternative Credential (GED)  
 Some College, no degree  College or Professional Degree

12 Do you have a U.S. High School Equivalency (HSE) diploma?  Yes  No  
 Do you currently have a U.S. issued high school diploma?  Yes  No  
 Upon completion of a HSE test, do you give consent for IVCC to obtain your scores?  Yes  No

13 Do you give permission for IVCC to use your information to provide you with remote testing options?  Yes  No  
 Did you pass the high school Constitution test?  Yes  No  Not Sure

14 **STUDENT STATUS**  
 Disability Status:  Not Disabled  Documented Disability as defined by ADA  
 Choose Not to Disclose  
 Do you live in a:  Rural Area  Urban Area with High Unemployment  
 Neither

15 Employment:  Employed – How many hours a week? \_\_\_\_\_  
 Employed, but received notice of termination or military separation  
 Unemployed  Not in the Labor Force

16 Do you receive Public Assistance?  Yes  No  
 Public Assistance Number : \_\_\_\_\_

17 **Additional Student Information: (Please check all that apply):**  
 Displaced Homemaker  Low Income  Individual with a Disability  
 Ex-offender  Homeless Individual / Runaway Youth  Single Parent  
 Youth in Foster Care /Aged out of system  Long-term Unemployed  
 Migrant / Seasonal Farmworker  Exhausting TANF within 2 years  
 Veteran  English Language Learner / Low Literacy / Cultural Barriers

18 I am currently in a:  
 Community Correctional Program  
 Correctional Facility  Other Institutional Setting

19  English Language Learner / Low Literacy / Cultural Barriers

- 11: Number of school years completed  
Número de años escolares completados
- 12: Do you have a U.S. high school diploma?  
¿Tiene un diploma de escuela secundaria de los Estados Unidos?
- 13: Permission for IVCC to view your test score  
Permiso para que IVCC vea su puntaje de prueba
- 14: Disability Status  
Estado de Discapacidad
- 15: Urban or rural residence  
Residencia urbana o rural
- 16: Employment Status  
¿Empleado o desempleado?
- 17: Public Assistance  
¿Recibes asistencia pública?
- 18: Additional Student Information  
Información adicional del estudiante
- 19: Correctional Programs  
¿Estás en un programa correccional?

Be sure to select "English Language Learner"  
Asegúrese de seleccionar "English Language Learner"

# Registration Forms

## Formularios de Registro

Barriers to your education  
Barreras a tu educación

Career Pathway  
Trayectoria Profesional

Preferred class time and location  
La hora y lugar del clase que prefeire

Sign & Date  
Firme y fecha



Do you have any reasons or barriers preventing you from attaining your educational goals?  Yes  No

If Yes, please explain \_\_\_\_\_

**Career Pathway: (Please Check One)**  Agriculture, Food and Natural Resources  Architecture and Construction  Arts, A/V Technology and Communications  
 Business Management and Administration  Education and Training  Finance  Government and Public Administration  Health Science  Hospitality and Tourism  
 Human Services  Information Technology  Law, Public Safety, Corrections and Security  Manufacturing  Marketing  Science, Technology, Engineering and Math  
 Transportation, Distribution and Logistics

What is your preferred class time and location?  AM  PM

Oglesby  Ottawa  Mendota (ESL Only)  Spring Valley (ESL Only)

**CONSENT FOR RELEASE OF INFORMATION:**

I, the undersigned, do hereby authorize the Illinois Valley Community College Adult Education Program to obtain information from and/or release information to employers, agencies, probation officers, schools, and other IVCC staff regarding my attendance, academic record, or testing results.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

----- For Instructor and Office Use Only -----

STUDENT NAME \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ SITE \_\_\_\_\_

Separation documentation in folder? \_\_\_ Yes \_\_\_ No (ICCB mandate for students 18 years of age or younger) \_\_\_ AM \_\_\_ PM

CASAS ESL TEST Date \_\_\_\_\_ Level \_\_\_\_\_ Form \_\_\_\_\_ Score \_\_\_\_\_ SPL / Level \_\_\_\_\_

BEST PLUS TEST Date \_\_\_\_\_ Score \_\_\_\_\_ SPL / Level \_\_\_\_\_

CASAS GOALS ABE/HSE Date \_\_\_\_\_ Test Form Reading \_\_\_\_\_ Scale Score \_\_\_\_\_ Grade Level Equivalency \_\_\_\_\_

Date \_\_\_\_\_ Test Form Math \_\_\_\_\_ Scale Score \_\_\_\_\_ Grade Level Equivalency \_\_\_\_\_

Math Only Student? \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

Revised 6/8/2023

Entered into DAISi : Class \_\_\_\_\_ / \_\_\_\_\_ Initials \_\_\_\_\_

# Registration Forms

# Formularios de Registro

**ILLINOIS VALLEY COMMUNITY COLLEGE** Enrollment/Registration Form

815 N. Orlando Smith Ave., Oglethorpe, IL 61348-9692  
Telephone: (815) 224-0439 Fax: (815) 224-6091

1 Social Security Number \_\_\_\_\_ Term applying for:  Fall, 20 -  Spring, 20 -  Summer, 20 -  Male  Female Do you intend to enroll full-time - 12+ credits?  Yes  No  Unsure

2 Legal Name (Please print)  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle (full) \_\_\_\_\_

3 Former last name(s) \_\_\_\_\_ Date of Birth: Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

4 Mailing Address:  
Street Address, Apt., or P.O. Box Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_  
Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ EMail: \_\_\_\_\_

Ethnicity/Ethnicity: 1. Are you Hispanic or Latino?  Yes  No  
2. Are you from one of the following racial groups? Select all that apply:  
 American Indian or Alaskan Native  Asian  Black  Hispanic  Native Hawaiian or other Pacific Islander  White  Choose not to respond

3. Please identify your primary racial/ethnic group. Select One  
 American Indian or Alaskan Native  Asian  Black or African American  Hispanic  Native Hawaiian or other Pacific Islander  White  Choose not to respond

4. Are you in the US on a visa - Nonresident Alien?  
 No  Yes: List type of visa \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Intended Academic Program \_\_\_\_\_  
High School attending or attended: \_\_\_\_\_ Grad Yr. \_\_\_\_\_  
City & State \_\_\_\_\_

Educational Background: (mark any that apply)  
 Completed 8th grade or less  Withdrew from HS  Associates Degree  Bachelors Degree  Masters Degree

Other colleges attended:  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Educational Goals (check one)  
 Prepare for future job  Improve skills for present job  Prepare for transfer to another institution  Personal interest/self-development  
 Improve basic academic skills/prep for GED  Personal

Enrollment Status (check one)  
 First time college  Transfer to IVCC  Re-enroll  Pre-college (ABE, GED, ESL)  Continuing

8 Student's native language if other than English \_\_\_\_\_  
Name of person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
Did any of your parents/grandparents attend college?  Yes  No  Uncertain  
Are you a veteran?  Yes  No If yes, please provide your discharge date: \_\_\_\_\_

9 I understand that if I withhold or give false information on this form it may subject me to dismissal. I further certify that the above statements are complete and correct.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Illinois Valley Community College does not discriminate on the basis of age, religion, national origin, color, gender, mental or physical disability, in enrollment or its employment policies.

Enrollment Status (check one)  
 First time college  Transfer to IVCC  Re-enroll  Pre-college (ABE, GED, ESL)

- 1: Social Security Number  
Numero de Seguro social, si tiene.
- 2: Name as it appears on your legal documents.  
Su nombre que está en sus documentos legales.
- 3: Address  
Dirección
- 4: Phone number  
Numero de teléfono
- 5: Semester  
Que semestre
- 6: Date of birth (month/day/year)  
Fecha de nacimiento (mes/dia/año)
- 7: Email  
Dirección de correo electrónico
- 8: Emergency contact (name & phone number)  
Contacto de emergencia (nombre & numero de teléfono)
- 9: Signature  
Firma

1 STUDENT ID/SS# \_\_\_\_\_ (PRINT) LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ FULL MIDDLE \_\_\_\_\_ FORMER LAST NAME \_\_\_\_\_

3 MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4 HOME PHONE \_\_\_\_\_ WORK OR CELL (CIRCLE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ Are you a resident of IVCC District 513? YES  NO

7 EMAIL \_\_\_\_\_ 8 PERSON TO NOTIFY IN AN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

5 TERM  
 FALL  
 SPRING  
 SUMMER  
YES  NO

PROGRAM OF STUDY:  Associate in Arts  Associate Applied Science in \_\_\_\_\_  Prepare for future job  
 Associate in Science  Certificate in \_\_\_\_\_  Improve basic academic skills/prep for GED  
 Associate in Engineering Science  Undeclared  Improve skills for present job  
 Associate in General Studies  IAI  Prepare for transfer to another institution  
 Personal interest/self-development

Catalog Year \_\_\_\_\_ EMPLOYMENT STATUS:  
 Full-time  Part-time over 15 hours  Part-time under 15 hours  Homemaker  Unemployed

ADD THESE COURSES				DROP THESE COURSES			
COURSE PREFIX OR SUBJECT	COURSE #	SEC. NO	HOURS	COURSE PREFIX OR SUBJECT	COURSE #	SEC. NO	HOURS
Ex. ACT	1010	01	3	Ex. ACT	1010	01	3
Total Hours Add-				Total Hours Dropped			

Special population questions  
Are you homeless?  Yes  
Are any of your parents active duty military?  Yes  
Are you a single parent?  Yes

REGISTRATION

9 Updated 3/30/2022  
Counselor Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

For "Enrollment Status" select "Pre-college (ABE, GED, ESL)"  
Para "Enrollment Status" seleccione "Pre-college (ABE, GED, ESL)"

# Registration Forms

## Formularios de Registro

Please write your name again  
Escribe tu nombre de nuevo

Employment Status  
Estado de Empleo (¿ tiempo completo o parcial?)

Signature  
Firma

Name \_\_\_\_\_

**EMPLOYMENT STATUS:**

Full-time (FT)                       Homemaker (HO)

Part-time over 15 hours (PO)         Unemployed (UN)

Part-time 15 hours or less (PL)

**ADD THESE CLASSES**

COURSE NO.	SECTION NO.	CREDIT HOURS	TUITION & FEES
REGISTRATION FEE <i>(For Credit Classes Only)</i>			\$5.00
<b>TOTAL</b>			

Counselor's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

-----

# Testing

## Las Pruebas

- ▶ Esta prueba se utilizará para determinar su nivel de habilidad actual y ubicarlo en el nivel de clase correcto.
    - ▶ Por favor NO adivine ninguna respuesta. Si no está seguro de la respuesta, deje la pregunta en blanco.
  - ▶ Para los estudiantes nuevos, la prueba tendrá múltiples partes.
    - ▶ Cuando haya completado la primera parte, lleve su libro de prueba y la hoja de respuestas al instructor. A continuación, recibirá la segunda parte de su prueba.
  - ▶ Asegúrese de poner su **nombre** y la **fecha** de hoy en su hoja de respuestas o libro de prueba.
- ▶ This test will be used to determine your current skill level and place you in the correct class level.
    - ▶ Please DO NOT guess any answers. If you are not sure of the answer, leave the question blank.
  - ▶ For new students, the test will have multiple parts.
    - ▶ When you have completed the first part, bring your test book and answer sheet to the instructor. You will then receive the second part of your test.
  - ▶ Make sure to put your **name** and today's **date** on your answer sheet or test book.

# Testing Las Pruebas

## CASAS Answer Sheet

TEST FORM: 80R 81R 82R  
81RX 82RX 83R 84R 84RX  
185R 186R 187R 188R (circle)

1 Student Name: \_\_\_\_\_ 2 Today's Date: \_\_\_\_\_

3 Student Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program Name: \_\_\_\_\_ Test Location: \_\_\_\_\_

4 Practice: \_\_\_\_\_ Tester Name: \_\_\_\_\_

1.  A  B  C  D  
2.  A  B  C  D

1. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	21. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	22. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
3. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	23. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
4. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	24. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
5. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	25. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
6. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	26. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
7. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	27. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
8. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	28. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
9. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	29. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

- 1: Name  
Su nombre
- 2: Today's date  
La fecha de hoy
- 3: Date of birth  
Fecha de nacimiento
- 4: Skip the practice questions at the front of the test book.  
Omita las preguntas de práctica al principio del libro de prueba.

Please DO NOT guess any answers.

Por favor NO adivine ninguna respuesta.

Completely fill in each answer box.

Complete completamente cada cuadro de respuesta.

1.	<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	No
2.	<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	No
3.	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> C	<input type="checkbox"/> D	Yes

When you are finished, bring your answer sheet, test book, and folder to the instructor.  
Cuando haya terminado, lleve su hoja de respuestas, libro de prueba y carpeta al instructor.

“

Lo hermoso de aprender es que nadie  
te lo puede quitar.

”

~ B.B. KING

"The beautiful thing about learning is that no one can take it away from  
you." ~ **B.B. King**