

## MAP® Growth™ Schedule - Fall

2024-2025					
Name of School: _					
		•	sits during the testi s well as to ensure	•	• •
and math, with the	e start and end tim	<b>nes</b> listed for each	required to test und day that testing wil ch break as this inf	l occur. Also indica	te make-up testir
		Septembe	r / October		
Date	Start Time	End Time	Date	Start Time	End Time
Monday 9/23/24			Thursday 10/3/24		
Tuesday 9/24/24			Friday 10/4/24		
Wednesday 9/25/24			Monday 10/7/24		
Thursday 9/26/24			Tuesday 10/8/24		
Friday 9/27/24			Wednesday 10/9/24		
Monday 9/30/24			Thursday 10/10/24		
Tuesday 10/1/24			Friday 10/11/24		
Wednesday					

## **Submission:**

Name (typed)

If multiple testing schedules occur at the school, these must be submitted together before the document will be accepted. Please submit the completed form by **September 11, 2024**, to the Center via Epicenter, per the Master Calendar of Reporting Requirements.

Title

## For more information, please contact:

Sherry Betcher, (586) 215-1402 or SBetcher@TheCenterForCharters.org

Date