

# TOEFL® Score Reporting Record Layout

(Effective August 23, 2021)

This document shows the dataset layout needed to receive scores for TOEFL tests.

If you have any questions, please contact Code Control at [institutionportal@ets.org](mailto:institutionportal@ets.org).

Start	End	Size	Data Format	CL		Field Name	Comments
				A	N		
1	4	4	CH	X	X	Institution Code	
5	9	5	CH	X	X	Filler	For future expansion of DI Code
10	11	2	CH	X	X	Department Code	
12	26	15	CH	X	X	Filler	For future use as Test Taker ID
27	42	16	CH		X	Registration or Appointment Number	If rPDT***, 7 characters, left justified
43	72	30	CH	X	X	Last (Family) Name	If rPDT, the entire name will be in this field (LAST FIRST MIDDLE)
73	102	30	CH	X	X	First (Given) Name	Blank if rPDT
103	132	30	CH	X	X	Middle Name	Blank if rPDT
133	187	55	CH	X	X	Address Line 1	
188	242	55	CH	X	X	Address Line 2	
243	297	55	CH	X	X	Address Line 3	
298	352	55	CH	X	X	Address Line 4	
353	382	30	CH	X	X	Address City	
383	388	6	CH	X	X	Address State/Province	
389	391	3	CH	X		Address Country Code	ISO Country Code
392	431	40	CH	X	X	Address Country Name	
432	443	12	CH	X	X	Address Zip/Postal Code	
444	446	3	CH	X		Native Country Code	ISO Country Code
447	486	40	CH	X	X	Native Country Name	
487	489	3	CH	X		Native Language Code	ISO Language Code
490	529	40	CH	X	X	Native Language Name	
530	537	8	CH		X	Date of Birth	YYYYMMDD
538	538	1	CH		X	Gender	1=Male, 2=Female, 0=Not Declared
539	546	8	CH		X	Test Date	YYYYMMDD
547	551	5	CH	X	X	Test Center Code	rPDT = 4 characters; Essentials and IBT** = Blank
552	555	4	CH	X	X	Filler	For future expansion of Test Center Code
556	556	1	CH	X		Test Type	I = iBT; R = rPDT; E = Essentials
557	557	1	CH	X		Listening Indicator	Blank L = No Listening Score; Listening Section not administered (IBT, ESS)
558	558	1	CH	X		Speaking Indicator	Blank S = No Speaking Score; Speaking Section not administered (IBT, ESS)
The following fields are used for IBT only. Fields will be blank for all other test types							
559	560	2	CH	X	X	IBT Listening	00 to 30

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				A	N		
							** If IBT Listening not administered
561	562	2	CH		X	IBT Reading	00 to 30
563	564	2	CH	X	X	IBT Speaking	00 to 30 ** If IBT Speaking not administered
565	566	2	CH		X	IBT Writing	00 to 30
567	569	3	CH	X	X	IBT Total Score	000 to 120 *** If IBT Listening or IBT Speaking not administered
570	590	21	CH	X	X	Filler	Blank

The following fields are used for IBT, Essentials and rPDT.

591	665	75	CH	X	X	Email Address	IBT, Essentials and rPDT
666	680	15	CH	X	X	Test Center Code	IBT and Essentials only
681	716	36	CH	X	X	Test Country Location	IBT and Essentials only
717	731	15	CH	X	X	Identification Type	Passport or National ID, IBT and Essentials only
732	756	25	CH	X		ID Number	Last 4 digits displayed, IBT and Essentials only
757	766	10	CH	X	X	Issuing Country	IBT and Essentials only

If you are using the Scorelink® service that requires PGP encryption, use this layout

The following fields are used for rPDT only. Fields will be blank for all other test types

Start	End	Size	Data Format	CL		Field Name	Comments
				A	N		
767	768	2	CH		X	rPDT Listening Section	00 to 30
769	770	2	CH		X	rPDT Reading Section	00 to 30
771	772	2	CH		X	rPDT Writing Section	00 to 30

The following fields are used for IBT MyBest™ Scores

773	774	2	CH		X	MyBest IBT Listening	00 to 30
775	782	8	CH		X	MyBest IBT Listening Test Date	YYYYMMDD
783	784	2	CH		X	MyBest IBT Reading	00 to 30
785	792	8	CH		X	MyBest IBT Reading Test Date	YYYYMMDD
793	794	2	CH		X	MyBest IBT Writing	00 to 30
795	802	8	CH		X	MyBest IBT Writing Test Date	YYYYMMDD
803	804	2	CH		X	MyBest IBT Speaking	00 to 30
805	812	8	CH		X	MyBest IBT Speaking Test Date	YYYYMMDD
813	815	3	CH		X	MyBest IBT Total Score	000 to 120
816	823	8	CH		X	MyBest IBT Total As of Date	YYYYMMDD

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Start	End	Size	Data Format	CL		Field Name	Comments
				A	N		
824	1200	377				FILLER	FOR FUTURE USE
The following fields are used for <i>TOEFL Essentials™</i> Scores only. Fields will be blank for all other test types.							
1201	1202	2	CH	X	X	Essentials Listening	1 to 12 ** If Essentials Listening not administered
1203	1204	2	CH		X	Essentials Reading	1 to 12
1205	1206	2	CH	X	X	Essentials Writing	1 to 12
1207	1208	2	CH		X	Essentials Speaking	1 to 12 ** If Essentials Speaking not administered
1209	1212	4	CH	X	X	Essentials Total Band Score	1 to 12.0 (increments of .5) *** If Essentials Listening or Essentials Speaking not administered
The following fields are used for Essentials <i>MyBest™</i> Scores							
1213	1214	2	CH		X	MyBest Essentials Listening	1 to 12
1215	1222	8	CH		X	MyBest Essentials Listening Test Date	YYYYMMDD
1223	1224	2	CH		X	MyBest Essentials Reading	1 to 12
1225	1232	8	CH		X	MyBest Essentials Reading Test Date	YYYYMMDD
1233	1234	2	CH		X	MyBest Essentials Writing	1 to 12
1235	1242	8	CH		X	MyBest Essentials Writing Test Date	YYYYMMDD
1243	1244	2	CH		X	MyBest Essentials Speaking	1 to 12
1245	1252	8	CH		X	MyBest Essentials Speaking Test Date	YYYYMMDD
1253	1256	4	CH		X	MyBest Essentials Total Band Score	1 to 12.0 (increments of .5)
1257	1264	8	CH		X	MyBest Essentials As of Date	YYYYMMDD
The following fields are used for <i>TOEFL Essentials™</i> CEFR Levels. Fields will be blank for all other test types.							
1265	1266	2	CH	X	X	Essentials Listening	A0 to C2 ** If Essentials Listening not administered
1267	1268	2	CH		X	Essentials Reading	A0 to C2
1269	1270	2	CH	X	X	Essentials Writing	A0 to C2
1271	1272	2	CH		X	Essentials Speaking	A0 to C2 ** If Essentials Speaking not administered
1273	1274	2	CH	X	X	Essentials Total Band Score	A0 to C2 ** If Essentials Listening or Essentials Speaking not administered
The following fields are used for <i>TOEFL Essentials™</i> Foundational Skills. Fields will be blank for all other test types.							

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Start	End	Size	Data Format	CL		Field Name	Comments
				A	N		
1275	1276	2	CH		X	Essentials Sentence Construction	05 to 95 Percentile, (increments of 10)
1277	1278	2	CH		X	Essentials Vocabulary Knowledge	05 to 95 Percentile, (increments of 10)
1279	1600	322				FILLER	FOR FUTURE USE
If you are using the Scorelink report format in ETS Data Manager (EDM), use this layout							
Start	End	Size	Data Format	CL		Field Name	Comments
				A	N		
767	774	8	CH		X	Report Date	YYYYMMDD
775	776	2	CH		X	rPDT Listening section	00 to 30
777	778	2	CH		X	rPDT Reading Section	00 to 30
779	780	2	CH		X	rPDT Writing Section	00 to 30
The following fields are used for IBT MyBest™ Scores							
781	782	2	CH		X	MyBest IBT Listening	00 to 30
783	790	8	CH		X	MyBest IBT Listening Test Date	YYYYMMDD
791	792	2	CH		X	MyBest IBT Reading	00 to 30
793	800	8	CH		X	MyBest IBT Reading Test Date	YYYYMMDD
801	802	2	CH		X	MyBest IBT Writing	00 to 30
803	810	8	CH		X	MyBest IBT Writing Test Date	YYYYMMDD
811	812	2	CH		X	MyBest IBT Speaking	00 to 30
813	820	8	CH		X	MyBest Speaking Test Date	YYYYMMDD
821	823	3	CH		X	MyBest IBT Total Score	000 to 120
824	831	8	CH		X	MyBest IBT Total As of Date	YYYYMMDD
832	1200	369				FILLER	FOR FUTURE USE
The following fields are used for TOEFL Essentials™ Scores only. Fields will be blank for all other test types.							
1201	1202	2	CH	X	X	Essentials Listening	1 to 12 ** If Essentials Listening not administered
1203	1204	2	CH		X	Essentials Reading	1 to 12
1205	1206	2	CH	X	X	Essentials Writing	1 to 12
1207	1208	2	CH		X	Essentials Speaking	1 to 12 ** If Essentials Speaking not administered
1209	1212	4	CH	X	X	Essentials Total Band Score	1 to 12.0 (increments of .5) *** If Essentials Listening or Essentials

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Start	End	Size	Data Format	CL		Field Name	Comments
				A	N		
							Speaking not administered
The following fields are used for Essentials <i>MyBest™</i> Scores							
1213	1214	2	CH		X	<i>MyBest</i> Essentials Listening	1 to 12
1215	1222	8	CH		X	<i>MyBest</i> Essentials Listening Test Date	YYYYMMDD
1223	1224	2	CH		X	<i>MyBest</i> Essentials Reading	1 to 12
1225	1232	8	CH		X	<i>MyBest</i> Essentials Reading Test Date	YYYYMMDD
1233	1234	2	CH		X	<i>MyBest</i> Essentials Writing	1 to 12
1235	1242	8	CH		X	<i>MyBest</i> Essentials Writing Test Date	YYYYMMDD
1243	1244	2	CH		X	<i>MyBest</i> Essentials Speaking	1 to 12
1245	1252	8	CH		X	<i>MyBest</i> Essentials Speaking Test Date	YYYYMMDD
<b>1253</b>	<b>1256</b>	<b>4</b>	<b>CH</b>		<b>X</b>	<b><i>MyBest</i> Essentials Total Band Score</b>	<b>1 to 12.0 (increments of .5)</b>
1257	1264	8	CH		X	<i>MyBest</i> Essentials As of Date	YYYYMMDD
The following fields are used for <i>TOEFL Essentials™</i> CEFR Levels. Fields will be blank for all other test types.							
1265	1266	2	CH	X	X	Essentials Listening	A0 to C2 ** If Essentials Listening not administered
1267	1268	2	CH		X	Essentials Reading	A0 to C2
1269	1270	2	CH	X	X	Essentials Writing	A0 to C2
1271	1272	2	CH		X	Essentials Speaking	A0 to C2 ** If Essentials Speaking not administered
1273	1274	2	CH	X	X	Essentials Total Band Score	A0 to C2 ** If Essentials Listening or Essentials Speaking not administered
The following fields are used for <i>TOEFL Essentials™</i> Foundational Skills will be blank for all other test types.							
1275	1276	2	CH		X	Essentials Sentence Construction	05 to 95 Percentile, (increments of 10)
1277	1278	2	CH		X	Essentials Vocabulary Knowledge	05 to 95 Percentile, (increments of 10)
<b>1279</b>	<b>1600</b>	<b>322</b>				<b>FILLER</b>	<b>FOR FUTURE USE</b>