The ACT®

Test Administration Forms
Accommodations/Supports, Online

Test Room Report

(A)

Timing Code for this room: _____
(Only one timing code is allowed per room)

ACT High School Code ___ ___ ___ ___ ___ ___   State _____   Type: ☐ No Writing   ☐ Writing

School Name _____   Test Date _____

Room Supervisor _____   Room _____

☐ Testing at school   ☐ Testing off-site—provide off-site location name and address:

Location Name _____

Address/City _____

Number of Examinees Seated in This Room _____   Number of Staff in This Room _____
If two or more, complete the Seating Diagram.   If two or more, enter names of proctors.

Proctors _____

Test Coordinator—After testing, mark (☑) as you confirm counts and completeness/correctness of documents that apply to this room.

Student Authorization Tickets	Used Scratch Paper	Test Room Report	Seating Diagram	TC6/TC7 Administration Report	Roster	ACT ID Forms	Translated Directions
☐	☐	☐	☐	☐	☐	☐	☐

Is there an Irregularity Report regarding timing?   ☐ **Yes**   ☐ **No**

> **Test Coordinator—Return this completed folder in the OLIVE envelope.**
> **Keep all pages together (do not separate).**

Instructions:

If...	Then...
All tests are completed in one sitting	• Complete one folder for the sitting.
Testing a single examinee over multiple days	• Complete one folder that covers all the sittings for that examinee. • If timing code 7—Record all the tests for that examinee on one Administration Report.
Testing a group of examinees with the same timing code over multiple days	• Complete one folder that covers all the sittings for that group. • If timing code 7—Record all the tests for all examinees in the group on one Administration Report.

For multiple day testing, the folder assumes all examinees listed on the Administration Report take all tests at the same time, in the same room, with the same staff. If that is not the case, do the following:

• Complete an Irregularity Report **for each affected sitting**. Include the names of the examinees in that sitting, date and time, room name (and location if off-site), and names of staff.

• If there is a room change with more than one examinee in the room, also complete a seating diagram for the other room and attach it to the original folder or to the Irregularity Report.

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Test Administration Forms
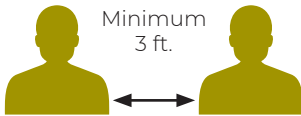# Accommodations/Supports, Online

Seating Diagram

Instructions:

- Complete blocks 1 through 4 during testing.
- In block 4, sketch the room setup and enter the name of each examinee to indicate the workstation where he or she is seated. Show the direction examinees are facing, any partitions/dividers, and walls.

See the *Administration Manual* for acceptable seating arrangements.

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1 — Seating Type

☐ Desks ☐ Tables ☐ Carrels
☐ Other _____

2 — Partitions between Examinees

☐ Yes ☐ No

3 — Distance between Examinees

Shoulder-to-Shoulder: _____ ft.
Head-to-Head: _____ ft.

Minimum 3 ft.

Minimum 5 ft. if no partitions

4 — Diagram of Room Setup and Seating

Instructions:

Timing code 6 or 7: Manually time the tests and complete this Administration Report (required).

List every examinee in this test room for this administration (please print). For each examinee, enter the following information:

- **Timing Code**—The examinee's assigned timing code (from the Accommodations and Supports Roster). All examinees in the room must have the same timing code.

- **Date & Minutes**—Enter the date (mm/dd) of each test, even if administered on the same day, and the actual testing minutes used by the examinee for each test.

- **Total Testing Minutes**—Total all testing minutes of all tests for the examinee.

Enter the information requested for all examinees testing in this room. Attach additional pages if more than 10 examinees.

Enter the date and total minutes actually used on each test.

Examinee's Name	Timing Code	Test 1 English 70 minutes Date & Min.	Test 2 Mathematics 90 minutes Date & Min.	Test 3 Reading 55 minutes Date & Min.	Test 4 Science 55 minutes Date & Min.	Writing Test 60 minutes Date & Min.	Total Testing Minutes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Is there an Irregularity Report regarding timing? ☐ Yes ☐ No

The ACT®

Test Administration Forms
Accommodations/Supports, Online
Roster

Timing Code for this room: _____   Page _____ of _____
(Only one timing code is allowed per room)

Attach extra pages as required.

Note: You may attach your own roster to this form instead of writing the information below, but only if it includes the type of ID.

Type of ID
P = Photo ID
F = ACT Student Identification Form
R and Staff Initials = Recognized
— = Absent

Examinee's Name (please print) List all examinees **scheduled** to test in this room.	Mark attendance by noting type of ID.			
	P	**F**	**R** and Initials	**—**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Important! All examinees assigned to this room must have the same Timing Code.
More than one Timing Code in a room will result in canceled scores.**