

Test Administration Forms Standard Time, Online



Test Room Report

ACT High School Code	e	State	Type: 🗌 No V	Writing Writing	l
School Name			Test Date		
Room Supervisor			Room		
☐ Testing at school	Location Name		ation name and add		
Number of Examinee If two or more, compl			Number of Staff in T	his Room	
Test Coordinator —After	testing, mark (☑) as yo	ou confirm counts and	d completeness/correc	tness of documents t	hat apply to this room.
Student Authorization Tickets	Used Scratch Paper	Test Room Report		Roster	ACT ID Forms
Is there an Irregular	rity Denort regard	ing timing? □ V	es 🗆 No		

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





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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.

Seating Type	3 Distance between Examinees			
☐ Desks ☐ Tables ☐ Carrels ☐ Other	Shoulder-to-Shoulder: ft.	Head-to-Head: ft.		
2 Partitions between Examinees	Minimum 3 ft.	Minimum 5 ft. if no		
☐ Yes ☐ No	←→	partitions		

4	Diagram of Room Setup and Seating



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- Use this page to record start and stop times if you need to manually time any tests.
- You may also use this page to expand the Seating Diagram or for notes.



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Roster

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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)	Mark attendance by noting type of ID.			
List all examinees scheduled to test in this room.	Р	F	R and Initials	_
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