

# Test Administration Forms—Non-College Reportable Accommodations/Supports

## Test Room Report



ACT High School Code \_\_\_\_\_ State \_\_\_\_\_

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 \_\_\_\_\_

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

MC Test Booklets

Writing Test Booklets

Answer Documents

Test Room Report

Roster

ACT ID Forms

Irregularity Reports

Translated Directions

**Test Coordinator—Return this completed forms sheet in the DARK AQUA envelope. Keep all pages together (do not separate).**

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## Roster

During testing, complete the following:

1. List the names of examinees **actually testing** in this room.
2. Mark the type of ID:
  - **P** = Photo ID
  - **F** = ACT Student Identification Form
  - **R** and Staff Initials = Recognized
3. Write the serial number of the test booklet(s) **actually used**.

*Attach extra pages as required.*

*You may attach your own roster to this form instead of writing the information below, but only if it includes all of the information shown on this form.*

Examinee's Name (please print)	Type of ID			Test Booklet Serial Number	
	P	F	R and Initials	Multiple-Choice	Writing
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					