**Examinee’s Name (please print)**

List all examinees scheduled to test in this room.

<table>
<thead>
<tr>
<th>Examinee</th>
<th>Mark attendance by noting type of ID.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
</tbody>
</table>

**Type of ID**

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

**Roster—State & District Testing**

Attach extra pages as required.

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

**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.**

---

**Test Room Report—Accommodations, Online**

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, 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 Progression Report ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Roster ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

ACT ID Forms ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

---

**Test Coordinator**—Return this completed folder in the RED envelope. Do not separate the pages.

---

**Instructions:**

<table>
<thead>
<tr>
<th>If…</th>
<th>Then…</th>
</tr>
</thead>
<tbody>
<tr>
<td>All tests are completed in one sitting</td>
<td>• Complete one folder for the sitting</td>
</tr>
<tr>
<td>Testing a single examinee over multiple days</td>
<td>• Complete one folder that covers all the sittings for that examinee</td>
</tr>
<tr>
<td>Record all the tests for that examinee on one Administration Report</td>
<td></td>
</tr>
<tr>
<td>Testing a group of examinees with the same timing code over multiple days</td>
<td>• Complete one folder that covers all the sittings for that group</td>
</tr>
<tr>
<td>Record all the tests for all examinees in the group on one Administration Report</td>
<td></td>
</tr>
</tbody>
</table>

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.

---
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 Diagram

**1. Seating Type**
- ☐ Desks
- ☐ Tables
- ☐ Carrels
- ☐ Other

**2. Partitions between Examinees**
- ☐ Yes
- ☐ No

**3. Distance between Examinees**

<table>
<thead>
<tr>
<th>Distance</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder-to-Shoulder</td>
<td>3 ft.</td>
<td></td>
</tr>
<tr>
<td>Head-to-Head</td>
<td>5 ft.</td>
<td>if no partitions</td>
</tr>
</tbody>
</table>

**4. Diagram of Room Setup and Seating**

---

### Timing Code 6—Examinee Progression Report

**Instructions:**

- Enter each examinee's name.
- Place a checkmark in the "W" column if the examinee is taking the ACT with writing.
- Record each examinee's actual start and stop times for each test.
- Enter the "must stop by" times for ACT (no writing) and ACT with writing.

See the Administration Manual for complete timing instructions.

**ACT (no writing) examinees must STOP by:** _____________________ (Exactly 5 hours from the START of Test 1)

**ACT with writing examinees must STOP by:** _____________________ (Exactly 6 hours from the START of Test 1)

**Notes:**
- This progression report is completed by Timing Code 6 only.
- All examinees start Test 1 at the same time, then work at their own pace.
- Do NOT stop timing during breaks.
- See the Administration Manual for acceptable seating arrangements.

---

**Timing Code 6—Examinee Progression Report**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Test 1 START</th>
<th>Test 1 STOP</th>
<th>Test 2 START</th>
<th>Test 2 STOP</th>
<th>Test 3 START</th>
<th>Test 3 STOP</th>
<th>Test 4 START</th>
<th>Test 4 STOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample, James</td>
<td>9:30</td>
<td>9:44</td>
<td>10:56</td>
<td>11:08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**W**
- ☑