**Test Administration Forms**

**Accommodations/Supports, Online**

**Roster**

---

**Test Room Report**

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

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**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 ______________________________________________

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**Number of Examinees Seated in This Room _______**  
If two or more, complete the Seating Diagram.

**Number of Staff in This Room _______**  
If two or more, enter names of proctors.

**Proctors __________________________________________**

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

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**Student Authorization Tickets**

- [ ] Used Scratch Paper

**Test Room Report**

- [ ] Seating Diagram

**One and One-Half Time Administration Report**

- [ ] Roster

**ACT ID Forms**

- [ ] Translated Directions

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**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:**

<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>
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<td>If one and one-half time over multiple days—Record all the tests for that examinee on one Administration Report.</td>
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<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>If one and one-half time over multiple days—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.

---

**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.

**Examinee’s Name** (please print)  
List all examinees **scheduled** to test in this room.

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. | 13. | 14. | 15. | 16. | 17. | 18. | 19. | 20. |

---

**Type of ID**

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

---

**Mark attendance by noting type of ID:**

<table>
<thead>
<tr>
<th>P</th>
<th>F</th>
<th>R and Initials</th>
<th>—</th>
</tr>
</thead>
</table>

---

**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.**

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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.

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.

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

---

**Test Administration Forms**

Accommodations/Supports, Online

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**One and One-Half Time Administration Report**

Instructions:
- One and one-half time and one and one-half time over multiple days: 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.

<table>
<thead>
<tr>
<th>Examinee's Name</th>
<th>Timing Code</th>
<th>Test 1 Date &amp; Min.</th>
<th>Test 1 Time</th>
<th>Test 2 Date &amp; Min.</th>
<th>Test 2 Time</th>
<th>Test 3 Date &amp; Min.</th>
<th>Test 3 Time</th>
<th>Test 4 Date &amp; Min.</th>
<th>Test 4 Time</th>
<th>Total Testing Minutes</th>
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<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
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Is there an Irregularity Report regarding timing?  □ Yes  □ No
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.

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:
One and one-half time and one and one-half time over multiple days: 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. If examinees are tested over multiple test days, enter the total testing minutes used by the examinee for each test.

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

Is there an Irregularity Report regarding timing?
- Yes
- No
Test Administration Forms
Accommodations/Supports, Online

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

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.

Examinee's Name (please print) List all examinees scheduled to test in this room.

Mark attendance by noting type of ID.
P = Photo ID
F = ACT Student Identification Form
R and Staff Initials = Recognized
— = Absent

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Type of ID

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

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 _______
If two or more, complete the Seating Diagram.
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

One and One-Half Time Administration Report
Roster
ACT ID Forms
Translated Directions

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

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.

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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 one and one-half time over multiple days—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 one and one-half time over multiple days—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:
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