



Test Room Report

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 _____

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<ul style="list-style-type: none"> Complete one folder for the sitting.
Testing a single examinee over multiple days	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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:

- 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.



Test Administration Forms Accommodations/Supports, Online

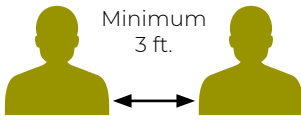
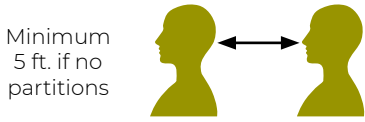
Seating Diagram

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.

1 Seating Type		
<input type="checkbox"/> Desks	<input type="checkbox"/> Tables	<input type="checkbox"/> Carrels
<input type="checkbox"/> Other _____		

3 Distance between Examinees	
Shoulder-to-Shoulder: _____ ft.	Head-to-Head: _____ ft.
	

2 Partitions between Examinees	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

4 Diagram of Room Setup and Seating	

Test Administration Forms Accommodations/Supports, Online

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.

Examinee’s Name	Timing Code	Enter the date and total minutes actually used on each test.				Total Testing Minutes
		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.	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Is there an Irregularity Report regarding timing? Yes No

Test Administration Forms Accommodations/Supports, Online

Roster

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

Page ____ of ____

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.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

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.