



Test Room Report

Authorized Timing for this room: _____ (Only one authorized timing is allowed per room)

ACT High School Code		State	Туре:	No Writing	Writing	
School Name			Test Date	9		
Room Supervisor			Room			
Testing at school	Testing off-site—prov Location Name Address/City					
		Number of Staff in This Room If two or more, enter names of proctors.				
Test Coordinator —After apply to this room.	testing, mark (⊠) as yo	ou confirm counts	s and comp	oleteness/correctr	ness of docume	nts that
Student Authorization Used Sc Tickets Pape		Seating A	Administra	ne-Half Time tion Report ode 6 or 7)	Roster	ACT ID Forms

Is there an Irregularity Report regarding timing? Yes No

Test Coordinator—Securely destroy this folder after the Seating Diagram has been imported into PearsonAccess^{next} and all irregularities have been entered.

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 (Timing Code 7)—Record all the tests for that examinee on the Administration Report.
Testing a group of examinees with the same authorized timing over multiple days	 Complete one folder that covers all the sittings for that group. If one and one-half time over multiple days (Timing Code 7)—Record all the tests for all examinees in the group on the Administration Report.

For all multiple day testing, all examinees in the same room take all tests at the same time, 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.





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 they are seated. Show the direction examinees are facing, any partitions/dividers, and walls.

See the Administration Manual for acceptable seating arrangements.

Seating	Туре		3 Distance betwee	en Examinees
Desks Other	Tables	Carrels	Shoulder-to-Shoulder: ft. Minimum 3 ft.	Head-to-Head: ft. Minimum 5 ft. if no partitions
2 Partition	ns between Exai	minees		
	Yes	No		

4 Diagram of Room Setup and Seating



One and One-Half Time Administration Report (Use this form to track the timing for students with authorized Timing Code 6 or Timing Code 7)

 Instructions: One and one-half time (Timing Code 6) and one and one-half time over multiple days (Timing Code 7): Manually time the tests and complete this Administration Report. List every examinee in this test room for this administration. For each examinee, enter the following information: Timing Code 6 or Timing Code 7): Manually time the tests administration. For each examinee, enter the following information: Timing Code 6 or Timing Code 7): Manually time the tests Timing Code 6 or Timing Code 7): Manually time the tests Timing Code 6 or Timing Code 7): Manually time the tests Timing Code 6 or Timing Code 7): Manually time the tests Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Timing Code 6 or Timing Code 7): Manually time the test Manual Advise (Imming Code 7): Manually time the test Manual Advise (Imming Code 7): Manually time the test Manual Advise (Imming Code 7): Manual Manual	s) and on oort. or this ad ne h om E uust s	ie and one-ha ministration. F ave the same bate & Minutes ame day, and	 d one and one-half time over multiple days (Timing Code 7): Manua s administration. For each examinee, enter the following information: have the same authorized timing. Date & Minutes—Enter the date (mm/dd) Date & Minutes—Enter the date (mm/dd) Total Testing Minutes of all tests for same day, and the actual testing minutes 	ltiple days (Tir iee, enter the f ng. u te (mm/dd) • T ed on the r ng minutes	ning Code 7): N ollowing inform used by the exa otal Testing Mi ninutes of all te	iming Code 7): Manually time the tests following information: used by the examinee for each test. Total Testing Minutes—Total all testing minutes of all tests for the examinee.	he tests test. I testing ninee.
Enter the information requested for a	for all ex	kaminees testi	ill examinees testing in this room. Attach additional pages if more than 10 examinees.	n. Attach addit	ional pages if r	nore than 10 e>	aminees.
	Timing	Enter th Test 1 English 70 minutes	Enter the date and total minutes actually used on each test.st 1Test 2st 1Test 2fishMathematicsReadingSciencenutes90 minutes55 minutes55 minutes60 minutes	al minutes actu Test 3 Reading 55 minutes	ally used on ea Test 4 Science 55 minutes	Nriting Test 60 minutes	Total Testing
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Is there an Irregularity Report regarding timing?	timing?	Yes No					



Roster

			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.	P	F	R and Initials	_
1.				
2.				
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Important! All examinees assigned to this room must have the same Authorized Timing. More than one Authorized Timing in a room will result in canceled scores.