



Test Room Report

ACT High School Code _	State	Type: \square No Writing \square	Writing
School Name		Test Date	
Room Supervisor		Room	
☐ Testing at school	☐ Testing off-site—provide off-si	ite location name and address:	
	Location Name		
	Address/City		
Number of Examinees S	eated in This Room	Number of Staff in This Room _	
BEFORE TESTING	G: Complete A through C to reco	ord and account for ALL TEST BOOKLET	ΓS provided to this room.
A. Multiple-Choice Test	First Serial Number	Last Serial Number	Total # Booklets
Booklets		to	A
		rs not within the sequence above, if any:	
B. Writing Test Booklets			В
(if none, enter 0)			$ \begin{vmatrix} \mathbf{r} \end{vmatrix}$
	Additional serial number	rs not within the sequence above, if any:	
C. Sign and initial as indic	ated to confirm the transfer of test	t booklets to the room supervisor.	
Doom Supervisor Sign	nature	Test Coord	dinator Initials
		and account for ALL MATERIALS return	
D. Multiple-Choice Test	# Used	# Unused	Total # Booklets
Booklets		+ =	
			Must equal "A" above
E. Writing Test Booklets (if none, enter 0)		+ =	
F. Answer Documents (AD)	# To Score	# Voided	Must equal "B" above # Replaced
(used only)	,	15.000	Kopiuoou
		————— Attach AD to Irregularity Report	Attach AD to Irregularity Report
	Be sure there is one (to	o score or voided) for every examinee.	
		counts and completeness/correctness of do	
MC Test Writing T Booklets Booklet		Seating Timing Diagram Report Roster	ACT ID Irregularity Forms Reports
☐ ☐ ☐ ☐ If applies	able submit an Irregularity Report to	o explain test booklet and/or answer docume	nt discrepancies
	ated to confirm the transfer of test		
_			an de an Initiale
Test Coordinator Signa	alure	Koom Supe	ervisor Initials

Test Coordinator—Return this completed folder in the RED envelope. Keep all pages together (do not separate).

Make a copy of this completed folder and keep for one year as a record of your administration.





Seating Diagram

Instructions:

- · Complete blocks 1 through 4 during testing.
- Enter MC serial numbers during the first multiple-choice test.
- Enter W serial numbers during the writing test.
- If using tables, show which examinees are at the same table.
- Draw your own diagram and attach it to this form if this diagram doesn't fit your room.

Each box represents one seat.

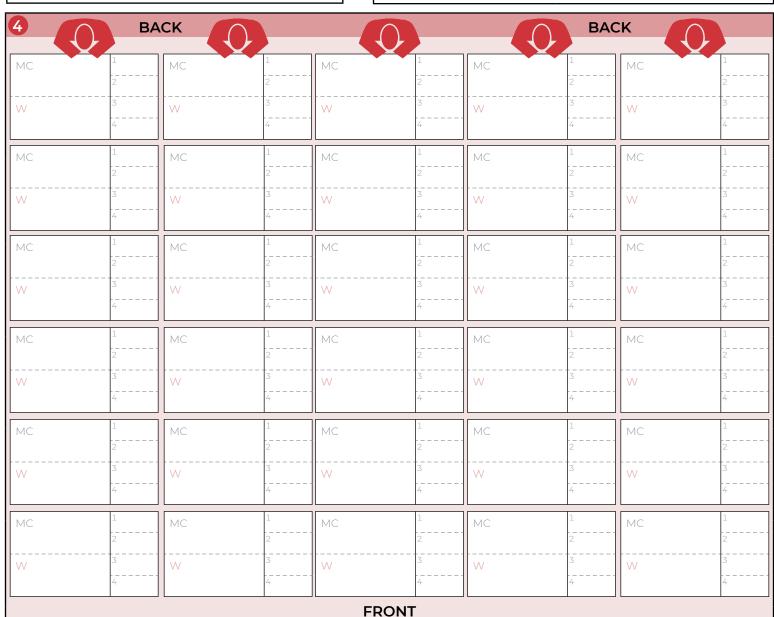
MC (write multiple-choice test booklet number here)	1
W (write writing test booklet number here)	3

You may use scratch paper or the numbered spaces (1, 2, 3, 4) to track unfinished ovals at the end of each MC test.

See the Administration Manual for acceptable seating arrangements and a sample completed form.

1 Room Type							
☐ Single Level	OR	☐ Mu	Itiple Level				
2 Writing Surfaces							
☐ Desks:ir	n. by	_in.					
☐ Tables:i	n. by	_ in., #	per table				

3 Distance bet	ween Examinees
Shoulder-to-Shoulder:	Head-to-Head:
ft.	ft.
Minimum 3 ft.	Minimum 3 ft. (single level) 5 ft. (multiple level)





Timing Report

				•						
	Record the actual time of day (e.g., 8:52 a.m.) these announcements are made for each test.									
		Duration	Start	5 Minutes Remaining	Stop					
	Example		8:52 a.m.	9:32 a.m.	9:37 a.m.					
	Test 1	45								
\triangle	Test 2	60								
	Test 3	35								
\bigcirc	Test 4	35								
	Writing	40								

1	Timin	g Chart for	1	
Start Stop	Start Stop	Start Stop	Start Stop	Start Stop
_:00 _:45	:12:57	_:24 _:09	_:36 _:21	_:48 _:33
_:01 _:46	:13:58	_:25 _:10	_:37 _:22	_:49 _:34
_:02 _:47	:14:59	_:26 _:11	_:38 _:23	_:50 _:35
_:03 _:48	:15:00	_:27 _:12	_:39 _:24	_:51 _:36
_:04 _:49	:16:01	_:28 _:13	_:40 _:25	_:52 _:37
_:05 _:50	:17:02	_:29 _:14	_:41 _:26	_:53 _:38
_:06 _:51	:18:03	:30:15	_:42 _:27	_:54 _:39
_:07 _:52	:19:04	:31:16	_:43 _:28	_:55 _:40
_:08 _:53	_:20 _:05	_:32 _:17	_:44 _:29	_:56 _:41
_:09 _:54	:21:06	_:33 _:18	_:45 _:30	_:57 _:42
:10:55	_:22 _:07	_:34 _:19	_:46 _:31	_:58 _:43
:11:56	_:23 _:08	_:35 _:20	_:47 _:32	_:59 _:44

2			Timin	g	Cha	rt for	7	Test 2			2	
Start	Stop	S	Start	Stop	•	Start	Stop		Start	Stop	Start	Stop
:00	:00	_	_:12	:12	-	:24	_:24		:36	:36	:48	:48
:01	:01	-	_:13	:13		:25	:25		:37	:37	:49	:49
:02	:02	_	_:14	:14		:26	:26		:38	:38	:50	:50
:03	:03	_	_:15	:15		:27	:27		:39	:39	:51	:51
:04	:04	_	_:16	:16	-	:28	:28		_:40	:40	:52	:52
:05	:05	_	_:17	:17		:29	:29		:41	:41	:53	:53
:06	:06	_	_:18	:18	-	:30	:30		_:42	:42	:54	:54
:07	:07	_	_:19	:19		:31	:31		_:43	_:43	:55	:55
:08	:08	_	_:20	:20		:32	:32		_:44	:44	:56	:56
:09	_:09	_	_:21	:21		:33	:33		_:45	_:45	:57	_:57
:10	:10	_	_:22	:22	-	:34	:34		_:46	:46	:58	_:58
.11	.11		.23	.23		:35	:35		·47	·47	:59	.59

3 & 4		Timing Chart for Tests 3 & 4					3 & 4			
Start St	юр	Start	Stop	Start	Stop		Start	Stop	Start	Stop
:00	.:35	:12	:47	:24	:59		:36	:11	:48	:23
:01	:36	:13	_:48	:25	:00		_:37	:12	:49	:24
:02	:37	:14	_:49	:26	:01		:38	:13	:50	:25
:03	:38	:15	:50	:27	:02		:39	:14	:51	:26
_:04 _	:39	:16	:51	:28	:03		_:40	:15	:52	:27
:05	:40	:17	:52	_:29	:04		_:41	:16	:53	:28
:06	_:41	:18	:53	:30	:05		_:42	:17	:54	:29
:07	:42	:19	:54	:31	:06		:43	:18	:55	:30
:08	:43	:20	:55	:32	:07		_:44	:19	:56	:31
:09	:44	:21	:56	:33	:08		:45	:20	:57	:32
:10	:45	:22	:57	_:34	_:09		:46	:21	:58	:33
:11	:46	:23	:58	:35	:10		:47	:22	:59	:34

W		Tim	Timing Chart for Writing Test							W
Start	Stop	Start	Stop	Start	Stop	9	Start	Stop	Start	Stop
:00	:40	:12	_:52	:24	:04	-	:36	:16	:48	_:28
:01	:41	:13	:53	:25	:05	-	:37	:17	:49	:29
:02	_:42	:14	:54	:26	:06	-	:38	:18	:5C	:30
:03	_:43	:15	:55	:27	:07	-	:39	:19	:51	:31
:04	:44	:16	:56	:28	:08	-	_:40	:20	:52	_:32
:05	:45	:17	:57	:29	:09		:41	:21	:53	:33
:06	_:46	:18	:58	:30	:10	-	_:42	:22	:54	_:34
:07	:47	:19	:59	:31	:11	-	_:43	:23	:55	:35
:08	:48	:20	:00	:32	:12	-	_:44	:24	:56	:36
:09	:49	:21	:01	:33	:13	-	_:45	:25	:57	:37
:10	:50	:22	:02	:34	:14	-	_:46	:26	:58	_:38
:11	:51	:23	:03	:35	:15	_	:47	:27	:59	:39



Roster

Page	of	
aue	()	

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		Mark a	ttendan	ce by noting type	of ID.				
List all examinees scheduled to test in the	nis room.	Р	F	R and Initials	_				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									