



### **Test Room Report**

ACT High School Code		State	Type:	The ACT — ACT + Science		
				ACT + Writi	ng AC	T + Science + Writin
School Name			Test Date			
Room Supervisor			Room			
Testing at school	Location Name	-provide off-site loca				
Number of Examinees If two or more, comple			Number of Sta	ff in This Roc	om	_
<b>Test Coordinator</b> —Aft apply to this room.	er testing, mark (🗹	) as you confirm co	unts and comp	oleteness/cor	rectness o	f documents that
Student Authorization Tickets	Used Scratch Paper	Test Room Report		F	Roster	ACT ID Forms
Is there an Irregularit	y Report regarding	g timing? Yes	No			

Test Coordinator—Securely destroy this folder after the Seating Diagram has been imported into PearsonAccess<sup>next</sup> and all irregularities have been entered.





## **Seating Diagram**

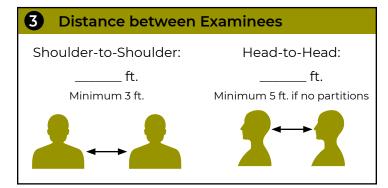
#### Instructions:

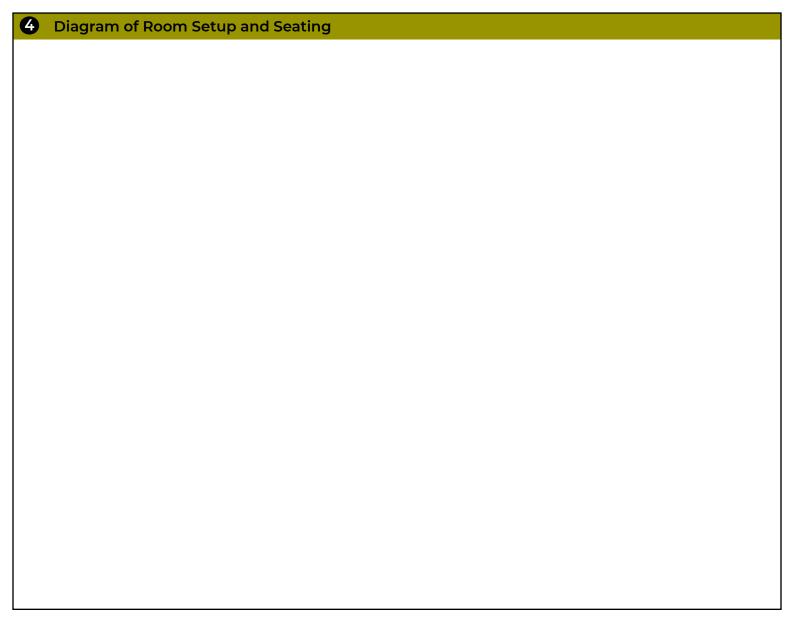
- Complete blocks 1 through 4 during testing.
- In block 4, sketch the room setup and enter the name of each examinee to indicate the workstation where he or she is seated. Show the direction examinees are facing, any partitions/dividers, and walls.

See the Administration Manual for acceptable seating arrangements.

1 Seating	Гуре	
Desks	Tables	Carrels
Other		

2	Partitions betwee		
	Yes	No	







- Use this page to record start and stop times if you need to manually time any tests.
- You may also use this page to expand the Seating Diagram or for notes.



### Roster

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.

Page \_\_\_\_ of \_\_\_\_

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.				
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