The ACT®

Test Administration Forms
Standard Time, Online
Test Room Report

S

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 _____   Number of Staff in This Room _____
If two or more, complete the Seating Diagram.

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	Roster	ACT ID Forms
☐	☐	☐	☐	☐	☐

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

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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 _____
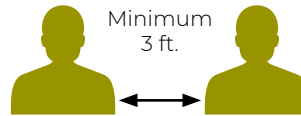
2   Partitions between Examinees

☐ Yes   ☐ No

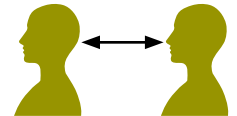## 3   Distance between Examinees

Shoulder-to-Shoulder: Head-to-Head:

_____ ft.   _____ ft.

Minimum 3 ft.   Minimum 5 ft. if no partitions

4   Diagram of Room Setup and Seating

- 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.

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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	**—**
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