



ACT High School Code _____ State _____

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 _____

Test Coordinator—After testing, mark (☑) as you confirm counts and completeness/correctness of documents that apply to this room.

MC Test Booklets

Writing Test Booklets

Answer Documents

Test Room Report

Roster

ACT ID Forms

Irregularity Reports

Test Coordinator—Return this completed folder in the DARK AQUA 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.



Test Administration Forms—Non-College Reportable Accommodations/Supports

Roster

Page ____ of ____

During testing, complete the following:

1. List the names of examinees **actually testing** in this room.
2. Mark the type of ID:
 - **P** = Photo ID
 - **F** = ACT Student Identification Form
 - **R** and Staff Initials = Recognized
3. Write the serial number of the test booklet(s) **actually used**.

Attach extra pages as required.

You may attach your own roster to this form instead of writing the information below, but only if it includes all of the information shown on this form.

Examinee's Name (please print)	Type of ID			Multiple-Choice Booklet Serial Number	Writing Booklet Serial Number
	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.					