

**Test Administration Forms—Non-College
Reportable Accommodations/Supports****Test Room Report**

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☐Translated
Directions☐**Test Coordinator**—Return this completed forms sheet 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.**



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Roster

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			Test Booklet Serial Number	
	P	F	R and Initials	Multiple-Choice	Writing
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					