



Test Room Report

ACT High School Code _____ State _____ Authorized Timing for this room: _____
(Only one authorized timing is allowed per room)

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 _____

If two or more, complete the Seating Diagram.

Number of Staff in This Room _____

If two or more, enter names of proctors.

Proctors _____

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	Seating Diagram	Administration Report	Roster	ACT ID Forms	Irregularity Reports	Translated Directions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, submit an Irregularity Report to explain test booklet and/or answer document discrepancies.

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

Instructions:

If...	Then...
All tests are completed in one sitting	• Complete one folder for the sitting.
Testing a single examinee over multiple days	• Complete one folder that covers all the sittings for that examinee. • Record all the tests for that examinee on one Administration Report.
Testing a group of examinees with the same authorized timing over multiple days	• Complete one folder that covers all the sittings for that group. • Record all the tests for all examinees in the group on one Administration Report.

For multiple day testing, the folder assumes all examinees listed on the Administration Report take all tests at the same time, in the same room, with the same staff. If that is not the case, do the following:

- Complete an Irregularity Report **for each affected sitting**. Include the names of the examinees in that sitting, date and time, room name (and location if off-site), and names of staff.
- If there is a room change with more than one examinee in the room, also complete a seating diagram for the other room and attach it to the original folder or to the Irregularity Report.



Test Administration Forms Accommodations/Supports, Paper

Administration Report

Instructions:

List **every examinee** in this test room for this administration (please print). For each examinee, enter the following information:

- **Timing Code**—The examinee's assigned timing code (from the Accommodations and Supports Roster). All examinees in the room must have the same authorized timing.
- **Date & Minutes**—Enter the date (mm/dd) of each test, even if administered on the same day, and the actual testing minutes used by the examinee for each test. Do not include time for which the clock is stopped.
- **Total Testing Minutes**—Total all testing minutes of all tests for the examinee.
- **Timing Code 5 with Breaks as Needed: Total Break Minutes Used**—Complete this item only if the examinee has Timing Code 5 with Breaks as Needed. Enter the total amount of break time the examinee used.

Enter the information requested for all examinees testing in this room. Attach additional pages if more than 10 examinees.

Examinee's Name	Timing Code	Enter the date and total minutes actually used on each test.				Total Testing Minutes	Only for Timing Code 5 with Breaks as Needed: Total Break Minutes Used
		Test 1 English Date & Min.	Test 2 Mathematics Date & Min.	Test 3 Reading Date & Min.	Test 4 Science Date & Min.		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Is there an Irregularity Report regarding timing? Yes No

Test Administration Forms

Accommodations/Supports, Paper

Roster

Authorized Timing for this room: _____
 (Only one authorized timing is allowed per room)

Page ____ of ____

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

List all examinees scheduled to test in this room. All examinees must have the same Authorized Timing.	Mark attendance by noting type of ID.			
Examinee's Name (please print)	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.				

Important! All examinees assigned to this room must have the same Authorized Timing. More than one Authorized Timing in a room will result in canceled scores.