

Test Administration Forms Accommodations/Supports, Paper



Test Room Report

ACT High School Cod	e	State		Authorized Tim (Only one autho				
School Name	ool Name			Test Date				
Room Supervisor				Room				
Testing at school	Testing off-site	e						
Number of Examinee	Address/City es Seated in This R			umber of Staff				
If two or more, comp				two or more, er				
Proctors								
Test Coordinator —Athat apply to this re		(☑) as you co	onfirm coun	ts and complet	eness/corre	ectness of do	cuments	
MC Test Writing Booklets Bookle			_				Irregularity Reports	

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).

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

Instructions:

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





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Seating Diagram

Instructions:

- Complete blocks 1 through 4 during testing.
- Enter MC serial numbers during the first multiple-choice test.
- Enter W serial numbers during the writing test, if applicable.
- If using tables, show which examinees are at the same table.
- Draw your own diagram and attach it to this form if this diagram doesn't fit your room.

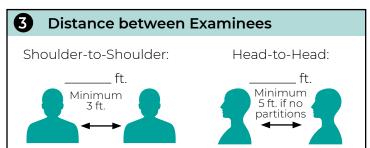
Each box represents one seat.

(write multiple-choice test booklet number here)	1
W	3
(write writing test booklet number here)	

You may use scratch paper or the numbered spaces (1, 2, 3, 4) to track unfinished ovals at the end of each MC test.

See the Administration Manual for acceptable seating arrangements and a sample completed form.

Room Typ	e	
Single Level	OR	Multiple Levels
2 Writing St	urface	
Desks:i	n. by	in.
Tablesi	n. by	in., # per table







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Administration Report

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

- **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.

Enter the information requested for all examinees testing in this room

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.

Total Testing Minutes—Total all testing minutes of all tests for

	At	tach additio	Attach additional pages if more than 10 examinees.	more than	os testilig i 10 examine	ii tiiis roolii. 8s.		
		Enter th	Enter the date and total minutes actually used on each test.	al minutes actu	ially used on ea	ich test.		Only for Timing
Examinee's Name	Timing Code	Test 1 English Date & Min.	Test 2 Mathematics Date & Min.	Test 3 Reading Date & Min.	Test 4 Science Date & Min.	Writing Test Date & Min.	Total Testing Minutes	Code 5 with Breaks as Needed: Total Break Minutes Used
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10.								

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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)	Р	F	R and Initials	_	
1.					
2.					
3.					
4.					
5.					
6.					
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